(K1301

Print Form

State of New Jersey NOT:FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		1 -		ŝ		
		37		8		- 100
1	2 W	4.5	FN	ž	40	- 100

Date of Notification (1) 8-7-14		64 0	Name of B				(2)		-	2014 AU	G 18	Air	7:	ডি
Agencies Notifieed Type Notificatio	n	- 5	Street Add	ress	отгран				4	À	IC.		C	ν,
EPA Initial DEP Amended DOL Amendmen	nt #		City, State Patersor	. Zip Co					100	\$.	er i Siriyas	. 1		
		- 1	Name of C Richard		nka				Tel	ephone Nu	mber			
Name of Facility Where Abatement is Tak	ing Place (3)		FACILI	TY INFO	RMATIC	NC	Type	of Facility (4	- -					
The Okonite Company Street Address 955 Market ST								School (K-12 Subchapter Other (i.e. pr	2) 8 (Oth	er than K-1 & commerc	2) ial build	lings,	t ome	es,
City (5) Paterson NJ: 07513								etc.) re Feet 00	# 0	f Floors	5:	ldg. A	е	
County (6) Passaic County			County Co				Curre	nt Use (Prio	r if bei	ng demolis	hed)		-	
Name of Monitoring Firm Hired by Buildin SKY Environmental Service	g Owner (8)		ASCM I	No.				tement Con rprises LL		(9)			-	
Street Address 140 Boulevær ave		×				Street	Addres					7,577		
City, State, Zip Code Mountain Lakes						City, S	tate, Z	ip Code NJ 07502					-	
Project Manage for Monitoring Firm Leonid Shereshvsky			Telephone			Teleph 973-9	one N	0.		License I	No.			
Start Date (10) 8-27-14	Scheduled 9-27-14	-						HA Monitor						
Occupancy Status During Abatement (Ch	[8145000001] 1 J. 10.004)				Street	Addre	SS		-				
Facility Cla:sed/Vacated During Entir Abatement Performed Outside of No Other – De:scribe: out site storage of	ormal Facility H					City, S	tate, Z	ip Code						
Scope of Work (*Check All That Apply)														
≥3 sf or ≥3 tf ≥160 sf or ≥260 lf	10000	enova emolit				×	Min	II Containme ni-Enclosure ovebag Proc	e edure					
	Is I	ocati	ion				J No	n-Exempted	1 (") ar	IO INOTI-FIIA	Die PTO	Abate	nen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	ormal Sole itena	lly ely by nce/		tos Cont thermal surfa		Materia s insul iT, or	ation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							500-f			te	
out site storage tank		Х		the	rmal sy	ystem i	insula	ation	1	500sf	X	-		
Name of Registered Waste Hauler DYV Enterprises LLC		F	NJDEP Wa		of Wa			Name of Waste		ered Landf igment	ill		l	
City, State Paterson NJ @7502		10	034140	•	30yaı Dispo: 9-28-	sal Date		City, Stat			v			
Completed by	Title OWNE				/	Signatur	6]	× //	1	-	ate 3-7-14			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/14/14		-MCW			Building O		perator	(2)			i.::(1 .		ś	
Agencies Notified	Type Notification		2700	reet Add	dress NTRAL	AVE					4 AUG					
DEP DOL	Amended Amendment #				e, Zip Cod Y CITY					ر پنج	, . 				-	
☑ DOH □ DCA	Emergency (in justification) Cancellation	cluaing	1505	ame of 0	Contact SERBAS	SIO				Tele	ephone N	dîmih.). 1	.G		
				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Street Address	Abatement is Taking	Place (3)						Sc St	Facility (4 chool (K-12 ubchapter (2) B (Othe	er than K	(-12)				
286 CENTRAL AV	E								ther (i.e. pr c.)			ercial				S,
City (5) JERSEY CITY								Square 6000	Feet	# of 3	Floors		Bk	ig. A	ge	
County (6) HUDSON				ounty Co	ode (7) SE ONLY)			Current	t Use (Prio JL	r if bei	ng demo	lished	i)			
Name of Monitoring Fire	m Hired by Building O	wner (8)		ASCM	No.				PROFE							,
Street Address							0.0000000000000000000000000000000000000	Address	OVE CC	URT						
City, State, Zip Code								State, Zip	Code D, NJ 08	3701						
Project Manager for Mo	nitoring Firm		Т	elephon	e No.			none No. 668-90			Licens 1200	e No.				
Start Date (10) 08/24/14	the state of the s	Scheduled (08/24/14	Comp	oletion D	ate (11)		Name	of OSH	A Monitor PROFE	SSIO	NALS					2000000
Occupancy Status Duri				- 17780			38 50130996	Address								
Facility Closed/Va	cated During Entire Pe	eriod of Aba	teme	ent					OVE CC	URT	5)					
Abatement Perform Other – Describe:	med Outside of Norma	al Facility Ho	ours			_		State, Zip EWOO	Code D, NJ 08	8701						
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovati nolitio					Mini Glov	Containme -Enclosure rebag Prod -Exempted	e edure	_				9	
		T						_ Non	-Exempled	1 () an	d Non-F	Tiable			ement	
Location	on of	ls Lo Nor	catio mally			De	escription	n of						Гу	ре	
Asbestos-Containir TO BE A In Fac (13	ng Material (ACM) BATED cility		enan	ce/		os Con therma surfa	ntaining I	Material (ns insulat AT, or		(5	mount Specify F or LF)		Removal	Nopaii	Encapsulate	Enclosure
BASEN	/FNT	X	40	IN/A			TSI				40SF		X			
BACE																
Name of Registered W	Name of Registered Waste Hauler						c Yards		Name of	Regist	ered Lar	ndfill		-	1	1
NEWARK CARTIN		suler ID 509	No.	of Wa			IESI									
City, State NEWARK, NJ				08/2			City, Stat BETHL		И РА							
Completed by JOSEPH PERLST	EIN	Title OWNE	R				Signatur	re				Date	9			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 15, 2014					Building C rst Cour						í.					
Agencies Notified EPA DEP DOL DOH	Type Notification Initial Amended Amendment # Emergency (ii		Cit Cit	ty, State Franbu	dress 00 Forso e, Zip Coo ury, NJ C Contact	le				43.	AU(S 18	Æ	7:	ე 0 6	
DCA	Cancellation		J,	AMIE	LOPEZ					1]	(i),			-	
		51 (6)		FACIL	ITY INFO	RMAT	ION									
Name of Facility Where OAKHURST COU	NTRY DAY CAM	Place (3) P						Тур	School (K-1	2)		K 40)				
Street Address 128 MONMOUTH	ROAD							Z	Subchapter Other (i.e. p etc.)	orivate 8	& comn	nercial	build			≥ S,
City (5) OAKHURST									uare Feet 000	# 0	f Floors			d I. A	ge	
County (6) MONMOUTH					ode (7) SE ONLY)				rrent Use (Pri OUNTRY D			nolishe	ed)	A Comment of		
Name of Monitoring Firm N/A	22.								batement Cor NG TOUC			OS A	BATI	EME	NT	
Street Address							Street 580		ress OADWAY,	UNIT.	A					
City, State, Zip Code					-				Zip Code BRANCH, N	NJ 077	740	10		**		
Project Manager for Mon	ject Manager for Monitoring Firm						Teleph 732-		No. 2-8372		Licen 0004	se No 40		_	10	
Start Date (10) AUG 25, 2014		Scheduled AUG. 31			ate (11)	- 5	Name N//A		SHA Monitor		L					
Occupancy Status Durin	ng Abatement (Check	Only One)					Street	Addı	ress		-			-		
Facility Closed/Vac	cated During Entire P	eriod of Aba	atemer	nt			City, S	State,	Zip Code		+			-		
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novatio nolitior				_	J %	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					ə	
	30-8 A 3	Islo	cation			Ø15011								Abate	ment	į.
Locatio	n of	Nor	mally			De	escription	n of				-		Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	BATED ility	Custod	enance	e/		therma surfa	taining M I system acing, VA miscellar	s ins		(5	mount Specify or LF		Removal	Renair	Encapsulate	Enclosure
		Yes I	No	N/A X											Ф	
1ST, 2ND F	1ST, 2ND FLOORS					1	VAT			50	000 SF		Х			
								11000								
Name of Registered Wa	Name of Registered Waste Hauler					Cubic	Yards		Name of	Registe	ered La	ndfill				
FTAA	Hau	DEP Wa uler ID I D58	57.07	of Wa	aste		TULLY	TOW								
City, State LONGF BRANCH,				Dispo 9/05	sal Date /14)	City, Stat MORR		LE, P	A						
Completed by JOSEPH P. MILLER	3	Title PRESI	DEN.	Т		<	Signature		2) me	Win	ali	Date 8/1	e 15/14			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7-26-2014					of Building Cleaning					110 1	0 6	w 7.		- 2		
Agencies Notified	Type Notification			Street A	Address spect Str				(U19 R							
DEP X DOL	Amended Amendmen				ate, Zip Co rk, NJ 07			N.	3)	. LIO	- 1 - 0 - 1 - 0	,,.G	١.٠	_		
DOH DCA	Emergency justification) Cancellation			Name of Ben R	of Contact Raabe			11.5		Te	ephone	Numr	er	_		
Name of Facility Where Residential	Abatement is Takir	ng Place (3)	FAC	ILITY INFO	ORMATI	ON	Туре	of Facility (100				-	
Street Address 527 Mt. Prospect A	venue							×	Subchapter Other (i.e. petc.)	8 (Oth	er than & comn	K-12) nercial	buile	ding	, hom	es,
City (5) Newark, NJ 07104					Code (7)			412		3	f Floors		7	ldg. 5+	∖ge	
County (6) Essex	0.1 0)		Cu.r	ent Use (Pri	or if be	ng den	nolishe	:)			
	Hired by Building		ASC	M No.				atement Cor vironmen								
Street Address						235		nia Avenu	е							
City, State, Zip Code				_				Zip Code ty, NJ 073	304							
Project Manager for Mon	itoring Firm			Telepho			Teleph 201-	333-8	3855		Licen 0117	se No. '4				
Start Date (10) 7-26-2014		7-26-20	14	npletion	Date (11)				HA Monitor above	******	11					
Occupancy Status During			200				Street	Addre	ss				- 1			
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of A nal Facility	baten Hours	nent		_	City, S	tate, 2	ip Code				_			
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ll That Apply)		enova emolit				×	Mi	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure					0	
Location		N	Locati ormali Sole	ly		Des	cription							A1	ment pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mair	ntenar odial S (12)	rice/	Asbest (i.e.	tos Conta thermal :	aining M systems ing, VA	tateria insula T, or	I (ACM) ation,	(8	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
0.15		Yes	No	N/A											e	æ
3rd floo		-	X			pipe i	insulat	tion		4	0 LF		x			
2nd flo			X			pipe i	insulat	tion		4	0 LF		x			
1st floo	or		X	-		pipe i	insulat	tion		4) LF		:]	-		
Name of Registered Was	te Hauler		N.	JDEP W	aste I	Cubic Y	/ards		Name of F	Pogiata		7511				
Tri-State Transfer As			H	auler ID A456		of Wast			Minerva			IOTIII				
City, State Bronx, NY		3	-		Disposa 7-26-2			City, State Wynesb		——)Н	722- 75	· ·		_		
Completed by Liliana Pedraza		Title Office	man	ager		Sig	gnature			J.		Date 7-21	2	• [

CK 33-13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:69 and 12:120)

	12-14	Neme of	Building Owner/Ope	rator (2) CL	06200 10	0
A	otification	AND MARKETTINE	ما الما الما الما الما الما الما الما ا	STE	Phan A	567816-K
· DEPA	100.00	Street Ad				
□ Ame	ended	City, State	s, Zip Code	1 234 3	short R	2
D Barrier D Emp	endment# Gency (including		,	1.9	1 /	1-1-16
The same of the sa	ication) rollation	Name of C	Contact	- LELIZ LECENT	Linux	od NJ
- Gan	ADIE ENG		Benned.		Telephone Nu	mber .
Name of Facility Where Abatemen	15 7-1:	FACILITY	YINFORMATION	· · · · · · ·		
Lesia	and Flace (3)			Type of Facility	(A)	
OUTST ADDIES				☐ School (K-12)		*
2. WAMA	Sh Ane			U Subchanter 8	10 they down to an	0
- reà (5)	1			homes, etc.)	ate & commercia	il buildings.
Linwood			to the second se	Comment of the commen	# of Floors	Bldg. Age
County (6)	T	County Code	P(7) (STATE USE			
CCOAN		ONLY)	U) (OIAIE USE	Current Use (Prior	if being demolis	hed)
Name of Monitoring Firm Hired by 8 (8)	uliding Cemer AS	SCM Ne.	Name of Abata	nont Contractor (9)	•	
Streat Address				Va= LLC	1	
	•		Stone Antalana	-		
City, State, Zip Code			1212.	Bustington a	Are	
Praince St.		001	City, State, Zip C	clance 1	15 30	
Project Manager for Monitoring Furn	. Teleph	ione No.	Telephone No.	The State Assessment of the St		3
	1		,			
Stert Data (10)		9	856 82400	77/ . 4	conse No.	
Start Date (10)	teduled Completion D	Date (11) : '.	85682400	77/	Olo70	
		Date (11) : '.	SSU 524 CA Name of OSHA M	onitor G		
Occupancy Status During Abatemant (Check only one)		85682400	77/		
Occupancy Status During Abatement (Check only one)		SSC 52 + CC Name of OSHA Mi Street Address	onitor Self-		22
Decupancy Status During Ababanani (Pacifly Closed/Vacated During Entire Attachment Parformed Outside of No. Other - Describe;	Check only one)		SSC 524 CA	onitor Self-		2011
Decupancy Status During Abatement (Facility Closed/Vacated During Entire Attatement Parlament Outside of No. Other – Describe; cope of Work (Check all that apply)	Check only one) o Period of Abatement med Pacify Hours	ŧ	SSL 52 + CA Name of OSHA Mi Street Address City, State, Zip Cod	onitor Self-	01670	2011 AU
Decupancy Status During Ababanani (Pacifly Closed/Vacated During Entire Attachment Parformed Outside of No. Other - Describe;	Check only one) Period of Abatement med Facility Hours	t Repovation	SSC S2 + CA Name of OSHA Mi Street Address City, State, Zip God	onitor Se.H	01670	T-
Decupancy Status During Abatement (Facility Closed/Vacated During Entire Attatement Parlament Outside of No. Other – Describe; cope of Work (Check all that apply)	Check only one) Period of Abatement med Facility Hours	ŧ	Street Address City, State, Zip Cod City, State, Zip Cod City Com	onitor Self-	CV 670	AUS 18
Decupancy Status During Abatement (Pacifity Closed/Vacated During Entire Attatement Performed Outside of No. Other - Describe; cope of Work (Check sil that apply) 23 of a 3 fi 160 of a 260 fi	Check only one) Period of Abatement med Facility Hours	C Reposation	Street Address City, State, Zip Cod City, State, Zip Cod City Com	onitor Se.H	CV 670	AUS 18 E
Decupancy Status During Abatement (Facility Closed/Vacated During Entire Attatement Parlamed Outside of No. Other – Describe; cope of Work (Check all that apply) 23 of or 2 3 if 2 160 of or 2 260 if	Check only one) Period of Abatement Period of Abatement Period of Abatement Period of Abatement Is Locatio Normally	C Repovation	Street Address Cäy, State, Zip God	onitor Self-	CV 670	Abatoment
Decupancy Status During Abatement (Pacifity Closed/Vacated During Entire Abatement Performed Outside of No. 1 Other - Describe; cope of Work (Check all that apply) 2-25 or 2-3 if 2-160 af or 2-260 if Lecation of Asbesine-Containing Material (ACM) TO BE ABATED	Check only one) Period of Abatement Period of Abatement Period of Abatement Is Location Normally Used Bolely Maintenance	C Repovation C Demolition On // by Sel Asbesto	SSU 52 + CM Name of OSHA Mi Street Address City, State, Zip Cod City, St	tainment with Negationary Procedure	CV 6 7 0	Abatoment Type
Decupancy Status During Abatement (2 Facility Closed/Vacated During Entire 1 Abatement Parformed Outside of No. 3 Other - Describe; cope of Work (Check all that apply) 23 of a 3 if 2 160 of or 2 260 if Location of Asbestos-Containing Material (Academy)	Is Location Maintenant States Solely Maintenant Custodial States	Repovation Demolition on / by asia Aspesto	Street Address Cäy, State, Zip God Ciy, State, Zi	de de la company	ve Pressure fable Procedure	Abatoment Type
Decupancy Status During Abatement (Pacility Closed/Vacated During Entire Abatement Performed Outside of No. 1 Other - Describe; cope of Work (Check all that apply) 23 of a 3 if 2 160 of a 260 if Lecetion of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Is Location Maintenant Custodial Staff?	Repovation Demolition on / by asia Aspesto	SSU 52 + CM Name of OSHA Mi Street Address City, State, Zip Cod City, St	de de la company	col 6 70 we Pressure fable Procedure	Abatoment Type
Decupancy Status During Abatement (2 Facility Closed/Vacated During Entire I Atlatement Performed Outside of No. 3 Other - Describe; cope of Work (Check sill that apply) 2-2 st or 2-3 if 2 160 st or 2 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (73)	Is Location Normally Used Solaly Maintenance Custodial Staff?	C Repovation D Demolition On // by Sel Asbesto	Street Address Street Address Chy, State, Zip Cod Chy, State, Zip Cod	de de la company	ve Pressure fable Procedure	Abatoment Type
Decupancy Status During Abatement (Pacifity Closed/Vacated During Entire Abatement Performed Outside of No. 1 Other - Describe; cope of Work (Check all that apply) 23 of a 3 if 2 160 of a 260 if Lecetion of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Is Location Normally Used Solaly Maintenance Custodial Staff?	C Repovation D Demolition On // by Sel Asbesto	Street Address Street Address Chy, State, Zip Cod Chy, State, Zip Cod	te sainment with Negati docume procedure moted (7) and Non-F	ve Pressure fable Procedure Amount (Specify For LF)	Abatoment Type
Decupancy Status During Abatement (2 Facility Closed/Vacated During Entire I Atlatement Performed Outside of No. 3 Other - Describe; cope of Work (Check sill that apply) 2-2 st or 2-3 if 2 160 st or 2 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (73)	Is Location Normally Used Solaly Maintenance Custodial Staff?	C Repovation D Demolition On // by Sel Asbesto	Street Address Cäy, State, Zip God Ciy, State, Zi	te sainment with Negati docume procedure moted (7) and Non-F	ve Pressure fable Procedure	Abatoment Type
Decupancy Status During Abatement (2 Facility Closed/Vacated During Entire 3 Abatement Performed Outside of No. 1 Other — Describe; cope of Work (Check all that apply) 23 of or 2 3 if 2 160 af or 2 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solaly Maintenance Custodial Staff?	C Repovation D Demolition On // by Sel Asbesto	Street Address Street Address Chy, State, Zip Cod Chy, State, Zip Cod	te sainment with Negati docume procedure moted (7) and Non-F	ve Pressure fable Procedure Amount (Specify For LF)	Abatoment Type
Decupancy Status During Abatement (2 Facility Closed/Vacated During Entire I Atlatement Performed Outside of No. 3 Other - Describe; cope of Work (Check all that apply) 2-2 of or 2-3 if 2 160 af or 2 260 if Location of Asbestor-Containing Material (ACM) TO BE ABATED IN Facility (73) OUTSILE	Is Location Normally Used Solely Maintenanc Custodial Staff? (12)	C Repovation Demolition On / by Repovation On / typy Repovation On / typ	Street Address Street Address City, State, Zip God City, State,	te sainment with Negati docume procedure moted (7) and Non-F	ve Pressure fable Procedure Amount (Specify For LF)	Abatoment Type
Decupancy Status During Abatement (2 Facility Closed/Vacated During Entire I Atlatement Performed Outside of No. 3 Other - Describe; cope of Work (Check all that apply) 2-2 of or 2-3 if 2 160 af or 2 260 if Location of Asbestor-Containing Material (ACM) TO BE ABATED IN Facility (73) OUTSILE	Period of Abatement Pacific of Abatement Pacific of Abatement Is Location Normally Used Bolely Maintenanc Custodal Staff? (12) Yes No No NJDEP Wast ID No.	Repovation Repovation Portolition If by Asbesto (i.e., ii	Street Address City, State, Zip God City,	de d	ve Pressure fable Procedure Amount (Specify For LP)	Abatoment Type
Decupancy Status During Abatement (Pacifity Closed/Vacated During Entire I Athatement Performed Outside of No. I Cher - Describe; cope of Work (Check all that apply) 325 or 2 3 if 2 160 of or 2 250 if Lecation of Asbesius Containing Material (ACM) TO BE ABATED IN Facility (13) OUTSILE of Registered Waste Hatter	Is Location Normally Used Solely Maintenanc Custodial Staff? (12) Yes No No. 20547	Repovation Repovation Portolition If by Asbesto (i.e., ii	Street Address City, State, Zip God City,	tainment with Negationure Procedure moted (7) and Non-F	ve Pressure fielde Procedure Amount (Specify For LP)	Abatoment Type
Decupancy Status During Abatemant (2 Facility Closed/Vacated During Entire I Atlatement Performed Outside of No. 3 Other - Describe; cope of Work (Check all that apply) 23 of a 2 3 if 2 160 of or 2 260 if Location of Asbestor-Containing Material (ACM) TO BE ABATED IN Facility (13) OUTSILE of Registered Waste Hattler Location of Country (14)	Is Location Normally Used Solely Maintenanc Custodial Staff? (12) Yes No No. 20547	Repovation Demolition Aspesto (i.e., ii) N/A ASPESTO (i.e., ii) Was Hauler Cut Was	Street Address City, State, Zip God City,	tainment with Negation of Registered Land	ve Pressure frable Procedure Amount (Specify For LF)	Abatoment Type
Decupancy Status During Abatemant (2 Facility Closed/Vacated During Entire I Atlatament Performed Outside of No. 3 Other - Describe; cope of Work (Check all that apply) 2 25 or 2 3 if 2 160 af or 2 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (73) OUTSILE of Registered Waste Hattler Location of Country (73) OUTSILE Del MMCO	Is Location Normally Used Solely Maintenanc Custodial Staff? (12) Yes No No. 20547	Repovation Pormolition on f by sel Asbesto (i.e., ii	Street Address City, State, Zip God City,	tainment with Negation of Registered Land	ve Pressure frable Procedure Amount (Specify For LF)	Abatoment Type
Decupancy Status During Abatemant (2 Facility Closed/Vacated During Entire I Atlatement Performed Outside of No. 3 Other - Describe; cope of Work (Check all that apply) 23 of a 2 3 if 2 160 of or 2 260 if Location of Asbestor-Containing Material (ACM) TO BE ABATED IN Facility (13) OUTSILE of Registered Waste Hattler Location of Country (14)	Is Location Normally Used Solely Maintenanc Custodial Staff? (12) Yes No No. 20547	Repovation Pormolition on f by sel Asbesto (i.e., ii	Street Address City, State, Zip God City,	tainment with Negationure Procedure moted (7) and Non-F	ve Pressure frable Procedure Amount (Specify For LF)	Abatoment Type

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		/	Name of St	pilding Owner/Operator	· · · · · · · · · · · · · · · · · · ·	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	n	
te of Notification (1)	8-13-14	- خشيمتينية	The Comments of the Contract o	ستعيزها منعيتهم تعالم والمعترف والمتعارف والمتعارف		2012	FAUG 18	610 1
Charles and Street of the Printers	AV ZIE CONTON		Street Add	ress	1. Wood	Ary.	, 400 1Q	AM T
ency Notified	Type Notification			301 1	wood	7100		
EPA	22 Initial		City, State,	Zip Code Linden N	IT BE	07036	7.4	1
DEP	☐ Amended Amendment#			Linden N	0 -	Telephone Num		G
DOT .	O Emergency (Includ	ing	Name of C	contact // ·/	1/	1 displacement		-
DOH	inchilestion)		,	John Huda		<u> </u>		
DCA	☐ Cancellation			Y INFORMATION				
					Type of Facility	(4)		
ime of Fecility Where	Abatement is Taking Pl	ace (3)	Bldc.		School (K-12		2)	
	Knopf Knopf	100			LO Other (Le. St	ivate & commission	al buildings.	
1991 Address	1/2-06	5+			hemes, etc.	·	Bidg Age	
13	KNOPT				Square Feet	# of Floors	70	
ty (S)					1700	1	1 /	
ty (a)	Linden			TO TOTATE HEE	17	not if being demo	(Ished)	*
			County C	ode (7) (STATE USE	0.	CFICE.	10199.	
ounty (6)	nion		Oleri		ment Contractor (3)	71 -1	11.1
	15th of Sur Building CH	mer AS	CM No.	Name of Autain	In- Minte	mentlew	roliticas C	
ame of Monitoring F	irm Hired by Building Ca	.		ADUI -	ICE HDAIC	Juen.		
»				Cotton and Districted		A		
treet Address				12125	velintan			
				City, State, Zip	Godo	JJ 0.50	025	
lity, State, Zip Code			*	i Del	PVICE	License No.		
	i la	Tolo	phone No.	Telephone No	_	0107	7 🥕	
Toject Manager for I	Monitoring Firm	IBIR	Filtraren sena	1	· ACT	1 0101		
		- 3		1856-87.	40911	-		1000
		<u>]</u>			4 0971 A Monitor			10.7%
Start Date (10)		Completion	n Date (11) :		A Monttor	et.		
Start Date (10)	14 9-	25 -	14_	· . Name of OSH	A Monitor			
Start Date (10)	14 9-	25 -	14_		A Monitor			
Occupancy Status D	4 Scheduler	anily one)	· · ·	Name of OSH Street Address	A Monitor			
Occupancy Status D Pacifity Closed/Va	Schedular Grand Abstract (Chack located During Entire Peri- med Outside of Normal	anily one)	· · ·	Street Addres City, State, Zi	A Monator s p Code	elt.		
Occupancy Status D Pacify Closed/Va Abatement Perfor Other – Describe	uring Abstormati (Check treated During Entire Period Outside of Normal I	anily one)	· · ·	Street Addres City, State, Zi	A Monator s p Code	elt.		
Occupancy Status D C Pacify Closed/Va C Avatement Perfor C Other – Describe	uring Abstormati (Check treated During Entire Period Outside of Normal I	anily one)	ment .	Street Addres City, State, Zi	S Code	ith Negativo Press		
Occupancy Status D Pacifity Closod/Va Attacament Perfor Other - Describe; Scope of Work (Che	uring Abstracent (Check cated During Entire Period Outside of Normal Finds and State of Normal F	anily one)	· · ·	Name of OSH Sirest Addres City, State, Zi	A Monaor Code Li Containment with Endocure	ith Negativo Press	eme	
Occupancy Status D Pacifity Closod/Va Attacament Perfor Other - Describe; Scope of Work (Che	uring Abstracent (Check cated During Entire Period Outside of Normal Finds and State of Normal F	anily one)	T Rem	Name of OSH Sirest Addres City, State, Zi	A Monaor Code Li Containment with Endocure	ith Negativo Press	eme	cet mant
Occupancy Status D Facility Closod/Va Abatement Perfor Other - Describe; Scope of Work (Che	uring Abstracent (Check cated During Entire Period Outside of Normal Finds and State of Normal F	anly one) on of Abates Facility Hour	C Rem	Name of OSH Sirest Addres City, State, Zi	A Monaor Code Li Containment with Endocure	ith Negativo Press	eme	eat mant
Occupancy Status D Pacifity Closed/Va Abatement Perfor Other - Describe; Scope of Work (Che	uring Abstracent (Check cated During Entire Period Outside of Normal Finds and State of Normal F	only one) of of Abates Facility Hours	Remarks Definition	Street Address City, State, Zi	p Code Li Containment with Endosure levebag Procedur on-Exempled ()	th Negative Press	erus recedure	T De
Occupancy Status D Recitly Closed/Va Abatement Perfor Other - Describe Scope of Work (Che State of 2 3 N C 2 160 of or 2 260	Lering Abstracent (Check leated During Entire Perimed Outside of Normal Fick all that apply)	anty one) od of Abateu scelling Hour	Removed the second of the seco	Street Address City, State, Zi ovation Description	p Code al Confainment with Enclosure levelag Procedur on-Exempted (California)	ith Negativo Press	erus recedure	T De
Occupancy Status D Readity Closed/Va Asterment Perfor Other - Describe Scope of Work (Che Scope of Work (Che Scope of Vork of 2 3 N Che 160 sf or 2 260	uring Abstrammi (Check leated During Entire Period Outside of Normal Finds State of Normal Finds and Cutside of Normal Finds and Cutside of Normal Finds (ACA)	anily one) ori of Abates Facility Hour	C Rose	Street Address City, State, Zi Description Description Asbestos Containing	p Code di Containment with Enclosure levebag Procedur on-Exempted (*) an of Material (ACM)	ith Negativo Press	erus recedure	T De
Decupancy Status D Racifly Clessod/Va Abatement Perfor Other - Describe Scope of Work (Che Scope of Work (Che Scope of Work of 2 3 N Cle 160 sf or 2 260 Asbestos-Com TO	uring Abstormant (Check ceated During Entire Period Outside of Normal Finds (ACAN) are about the Manager (ACAN) are ARATED	anily one) od of Abates Facility Hour Is I N Usest Mail	C Remote State of the state of	Street Address City, State, Zi	p Code di Containment with Enclosure levebag Procedur on-Exempted (*) a an of Material (ACM) mas insulation, MAT, or	in Negative Press	recedure Al	T De
Decupancy Status D Racifly Clessod/Va Abatement Perfor Other - Describe Scope of Work (Che Scope of Work (Che Scope of Work of 2 3 N Cle 160 sf or 2 260 Asbestos-Com TO	uring Abstrammi (Check leated During Entire Period Outside of Normal Finds State of Normal Finds and Cutside of Normal Finds and Cutside of Normal Finds (ACA)	anily one) od of Abates Facility Hour Is I N Usest Mail	Removed the control of the control o	Name of OSH Street Address City, State, Zi Ovation Description Oction Oc	p Code al Containment with Endosure by chag Procedur on-Exempled () a an of Material (ACM) was insulation, /AT, or lancous)	in Negative Press	erus recedure	T D8
Decupancy Status D Racifly Clessod/Va Abatement Perfor Other - Describe Scope of Work (Che Scope of Work (Che Scope of Work of 2 3 N Cle 160 sf or 2 260 Asbestos-Com TO	uring Absterrant (Check cated During Entire Period Outside of Normal inck all that apply) If Decation of Interior (ACM) Bet ABATED N Facility	anily one) od of Abates Facility Hour Is I N Usest Mail	C Remote State of the state of	Street Address City, State, Zi	p Code di Containment with Enclosure lovebag Procedur on-Exempted (*) on of allabarial (ACM) mis insulation, AT, or lameous)	Amour (Special SF or L	rocedure A Romoval	T De
Occupancy Status D Pacifity Closed/Va Affactment Perfor Other - Describe Scope of Work (Che Classification 2 3 ff Classification 2 260 Asbestos Com TO I	Lering Abstracent (Check located During Entire Perimed Outside of Normal Finck all that apply) To ecation of taining Material (ACM) BE ABATED N Facility (13)	anily one) od of Abates scaliny Hour	Coestion ormally i Solely by intensince ustodial Staff?	Street Address City, State, Zi	p Code di Containment with Endosure levebag Procedur on-Exempted (*) on of Material (ACM) ms insulation, MAT, or Jameous)	ith Negative Press a mid Non-Frable Pr Amoun (Special SF or L	Tocadure Al Removal	T De
Occupancy Status D Pacifity Closed/Va Affactment Perfor Other - Describe Scope of Work (Che Classification 2 3 ff Classification 2 260 Asbestos Com TO I	Lering Abstracent (Check located During Entire Perimed Outside of Normal Finck all that apply) To ecation of taining Material (ACM) BE ABATED N Facility (13)	anily one) od of Abates scaliny Hour	Coestion ormally i Solely by intensince ustodial Staff?	Street Address City, State, Zi	p Code di Containment with Endosure levebag Procedur on-Exempted (*) on of Material (ACM) ms insulation, MAT, or Jameous)	Amount (Special SF or L	Romoval Removal	T De
Decupancy Status D Racitly Clossed/va Astament Perfor Other - Describe Scope of Work (Che State of 2 3 N Cle 160 of or 2 260 Asbesins-Con TO I	uring Abstormant (Check cated During Entire Period Outside of Normal Finds (ACAM) as ABATED N Facility (13)	anily one) od of Abates scaliny Hour	Coestion ormally i Solely by intensince ustodial Staff?	Street Address City, State, Zi	p Code di Containment with Enclosure lovebag Procedur on-Exempted (*) on of allabarial (ACM) mis insulation, AT, or lameous)	Amount (Special SF or L	Tocadure Al Removal	T De
Occupancy Status D Pacifity Closed/Va Affactment Perfor Other - Describe Scope of Work (Che Classification 2 3 ff Classification 2 260 Asbestos Com TO I	uring Abstormant (Check cated During Entire Period Outside of Normal Finds (ACAM) as ABATED N Facility (13)	anily one) od of Abates scaliny Hour	Coestion ormally i Solely by intensince ustodial Staff?	Street Address City, State, Zi	p Code di Containment with Endosure levebag Procedur on-Exempted (*) on of Material (ACM) ms insulation, MAT, or Jameous)	Amount (Special SF or L	Romoval Removal	T De
Occupancy Status D Pacifity Clossed/va Astament Perfor Other - Describe Scope of Work (Che Cl ≥ 3 st or ≥ 3 h Cl ≥ 160 st or ≥ 260 Asbestos-Con TO	uring Abstormant (Check cated During Entire Period Outside of Normal Finds (ACAM) as ABATED N Facility (13)	anily one) ori of Abates Facility House Is I N Uses Main C	C Restriction of the second of	Street Address City, State, Zi	A Monator P Code Li Containment with Endosure levenag Procedur on-Exempted () an of Material (ACM) ms insulation, /AT, or Ismoots)	Amount (Special SF or L	Romoval Romoval S. F. V.	T De
Occupancy Status D Pacifity Closed/Va Assistant Perfor Other - Describe Scope of Work (Charles of Variation of Variati	uring Abstramit (Chack realed During Entire Period Outside of Normal Finds and Outside	aniy one) ori of Abateur Facility Hour Is i	C Roses C Dem Cocation Comally Commally Command Commally Command Commally Command Comm	Street Address City, State, Zi	A Monator P Code Li Containment with Endosure levenag Procedur on-Exempted () an of Material (ACM) ms insulation, /AT, or Ismoots)	Amount (Special SF or L	Romoval Romoval S. F. V.	T De
Decupancy Status D Pacifity Closed/Va Affatement Perfor Other - Describe: Scope of Work (Che Responded to 2 3 N Asbestos Com TO Name of Registers	uring Absterrant (Check cated During Entire Period Outside of Normal is lock all that apply) If Cated or in the cated of Secretary (ACA) Be ABATED N Facility (13) COLUMN COLUM	only one) on of Abster Facility Hour Is I N Usest Main C	Cocation of the cocation of th	Street Address City, State, Zi	A Monator P Code Li Containment with Endosure levenag Procedur on-Exempted () an of Material (ACM) ms insulation, /AT, or Ismoots)	Amount (Special SF or L	Romoval Romoval S. F. V.	T De
Decupancy Status D Pacifity Closed/Va Affatement Perfor Other - Describe: Scope of Work (Che Responded to 2 3 N Asbestos Com TO Name of Registers	uring Absterrant (Check cated During Entire Period Outside of Normal is lock all that apply) If Cated or in the cated of Secretary (ACA) Be ABATED N Facility (13) COLUMN COLUM	only one) on of Abster Facility Hour Is I N Usest Main C	C Roses C Dem Cocation Comally Commally Command Commally Command Commally Command Comm	Street Address City, State, Zi	A Monator P Code Li Containment with Endosure levenag Procedur on-Exempted () an of Material (ACM) ms insulation, /AT, or Ismoots)	Amount (Special SF or L	Romoval Romoval S. F. V.	T De
Occupancy Status D Pacifity Closed/Va Affectment Perfor Other - Describe: Scope of Work (Che Respondence of Vork (Che	uring Absterrant (Check cated During Entire Period Outside of Normal is lock all that apply) If Cated or in the cated of Secretary (ACA) Be ABATED N Facility (13) COLUMN COLUM	only one) on of Abster Facility Hour Is I N Usest Main C	Cocation of the cocation of th	Street Address City, State, Zi	A Monator P Code Li Containment with Endosure levenag Procedur on-Exempted () an of Material (ACM) ms insulation, /AT, or Ismoots)	Amount (Special SF or L	Romoval Romoval S. F. V.	T De
Occupancy Status D Pacifity Closed/Va Attitument Perfor Other - Describe: Scope of Work (Che Reserved of 2 3 if Asbestos Com TO I Asbestos Com TO I Name of Registere	uring Absterrant (Check cated During Entire Period Outside of Normal is lock all that apply) If Cated or in the cated of Secretary (ACA) Be ABATED N Facility (13) COLUMN COLUM	only one) on of Abster Facility Hour Is I N Usest Main C	Cocation of the cocation of th	Street Address City, State, Zi	A Monator P Code Li Containment with Endosure levenag Procedur on-Exempted () an of Material (ACM) ms insulation, /AT, or Ismoots)	Amour (Special SF or L	rocedure Al Romoval S.F. V. O.S.F. V. O.S.F. V.	R Encepsulate
Occupancy Status D Pacifity Closed/Va Athlement Perfor Other - Describe: Scope of Work (Che Registers of 2 3 h Asbestos-Com TO I Name of Registers And Jo City, State	wring Abstoment (Check cated During Entire Performed Outside of Normal Finds (ACM) and that apply) If the cation of cated (ACM) are ABATED in Pacifity (13) COFFICE combined Waste Hattler or COC	only one) on of Abster Facility Hour Is I N Usest Main C	Cocation of the cocation of th	Street Address City, State, Zi	A Monator P Code Li Containment with Endosure levenag Procedur on-Exempted () an of Material (ACM) ms insulation, /AT, or Ismoots)	Amount (Special SF or L	rocedure Al Romoval S.F. V. O.S.F. V. O.S.F. V.	R Encepsulate
Occupancy Status D Pacifity Closed/Va Affectment Perfor Other - Describe: Scope of Work (Che Respondence of Vork (Che	uring Abstormant (Check leated During Entire Period Outside of Normal Finds Outside of Normal Finds and Outside of Normal Finds I that apply) If the ceation of taining Material (ACAM) as ABATED N Facility (13) COFFICE em L. C.	anily one) ord of Abates Facility Hour Is it Uses Main C Yes	C Remarks of Dem Cocation ormally isolely by interacted ustodial Start? (12) No N/A DEP Wasta I No. 20 \$ 47	Street Address City, State, Zity City, State, Zi	A Monator S p Gode All Containment with Enciosure to the Exempted () and of Matterial (ACM) and inscination, (AT, or Issued S) OF THE City State Of Name of Re	Amount (Special SF or L	Removal Removal	R Encepsulate

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

CNK#22859

1			v. (5.00		56-E 3.72/1.0-0139			A CONTRACTOR OF THE CONTRACTOR		2 -			
Date of Notification (1) 08 /	12 /	14			200000000000000000000000000000000000000		ng Owner/Operator (of Greenwich-Pro	nerty Maintena	ince Office				
Annaire Natified	T N116	41							2014 AUG 18	f 18	_		
Agencies Notified	Type Notifica				V 1975V	et Address 3 West E	road Street	2.		I.H	1:	02	
□ DEP □ DCA (NJAC 5:16)	Amended				City,	State, Zip	Code ,	- 27			11		
DHSS	Amendme Emergen		luding		Gi	bbstown	, NJ 08027		4 LIGIT.	w13.	, ,		
☐ DCA	justification	on)			Nam	e of Conta	ct		Telephone Num				
(NJAC 5:23-8)	☐ Cancellat	ion			W	ill Durhai	n						
				-1.654.9000	F	CILITY I	NFORMATION						
Name of Facility Where		aking	Place	(3)	151		25	Type of Facility ((4)				
Estate of Joseph M	I. Covici	10.00						School (K-12		. \			
Street Address									(Other than K-12 ivate & commerci		ing	,	
600 West Broad St	reet				lles de la comp			homes, etc.)					
City (5) Gibbstown								Square Feet 16,000	# of Floors	1	ig. 50+	\ge	
County (6)					Co	inty Code	(7)(STATE USE ONLY)	C	or if being demoli		- 00		
Gloucester	Gloucester						(1)(0)(1)(1)	Vacant	or in boiling dolllon	onea,			
Name of Monitoring Firm	lame of Monitoring Firm Hired by Building Owner (8)						Name of Abateme	ent Contractor (9)			_		
Clancy & Associate	Clancy & Associates, Inc.						Diamond Hu	ntbach Constru	etion Corpora	tion			
Street Address							Street Address				_		
601 Asbury Avenue	Street Address 601 Asbury Avenue						500 East Luz	erne Street					
City, State, Zip Code			2500				City, State, Zip C	ode			_		
National Park, NJ 0	8063						Philadelphia	PA 19124					
Project Manager for Mon	itoring Firm			Te	lephon	e No.	Telephone No.		License No.				
Jim Clancy						3-7306	215-739-8166	3	00646				
Start Date (10)						ate (11)	Name of OSHA N						
	14	_0	8_ /	2	27_ /	14	SAME AS AE	BOVE					
Occupancy Status During	T: 110			1050		Ti .	Street Address	e li					
 ☐ Facility Closed/Vacate ☐ Abatement Performed 						a a sila a		man and a second					
Time of Abatement: 7						escribe	City, State, Zip C	ode					
Scope of Work (Check a	Il that apply)										_		
	ii tiiat appiy)							tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re 図 De				Mini-End	closure g Procedure					
⊠ ≥ 100 31 01 ≥200 11		5	<u> </u>	HIOIII	lion			empted (*) and No	n-Friable Procedu	ıre			
				Loc	ation		•			Ab	ater	nent T	уре
Location Asbestos-Containing		n			lely by	Ach	Description of estos Containing Ma		Amount	R	7	m	ш
TO BE ABA		'			ance/	(ie th	ermal systems insul		(Specify	Removal	керап	nca	nclo
IN Facil	ity		Cus	(12	I Staff?		VAT, or		SF or LF)	oval	=	Encapsulate	Enclosure
(13)			Yes	No	N//	A .	other miscellane	ous)				ate	Œ
First Floor -rear bay	area					Ceilin	g Plaster		750 SF	\boxtimes	С	To	
Bathrooms - 6 each a	Bathrooms - 6 each apartments						nic wall tile glue n	nastic	1,800 SF		Е	\Box	
Second floor Apartment #2						VAT 1	2" 12" floor tile		250 SF		Е	\Box	
First floor Commercial area center						VATR	led floor tile		150 SF		E		
Name of Registered Waste Hauler						P Waste	Cubic Yards of	Name of Regis	tered Landfill				
						ID No. 89	Waste 40 Cv	Minerva					
City, State							Disposal Date	City, State					
Philadelphia, PA 19124							08/31/14	Waynesbu	rg, OH 44688				
Completed By (Print or Type) Title							Signature	20 1	1 /2	ate	_		
Charles F. Imbimbo		Pr	oject	Ma	nager		1 La	1 Johnson	toff (08/	//	41	4

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1)						g Owner/Operator (-	
08/	12 /	14		Tow	nship o	f Greenwich-Pro	perty Maintena	nce Office	is a sala	1		
Agencies Notified	Type Notifica	ation		Street	Address		6	Die erra				$\neg \neg$
☑ EPA	☐ Initial			403	West Br	road Street	ζ	014 AUG 18	AM :	7: 1	2	
☐ DEP☐ DCA (NJAC 5:16)	☐ Amended			City, S	tate, Zip 0	Code	A					
DHSS	Amendme		- a	Gib	bstown,	NJ 08027	j.	· · · · · · · · · · · · · · · · · · ·				
☐ DCA	justification	on)	9	Name	of Contac	t	25	Telephone Num	per G			
(NJAC 5:23-8)	☐ Cancellat	ion		Will	Durham	ı	Ų.					
				FAC	CILITY IN	IFORMATION					-	
Name of Facility Where	Abatement is T	aking Plac	e (3)				Type of Facility (4)				
Estate of Joseph M	l. Covici		•				School (K-12)					
Street Address								(Other than K-12		ina		
600 West Broad St	reet						homes, etc.)	ivate & commercia	ai bullu	ing.,		
City (5)				2. 12.12.			Square Feet	# of Floors	Blo	dg. A	ge	
Gibbstown							16,000	3		50+		
County (6)				Coun	ty Code (7	7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	shed)			
Gloucester							Vacant					
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Clancy & Associate	es, Inc.					Diamond Hu	ntbach Constru	ction Corporat	tion			
Street Address						Street Address						
601 Asbury Avenue	9					500 East Luz	erne Street					
City, State, Zip Code						City, State, Zip C	ode					
National Park, NJ 0						Philadelphia,	PA 19124					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.	27.	License No.				
Jim Clancy				6-853		215-739-8166		00646				
Start Date (10)	T I	Scheduled (- 15 T	Name of OSHA N						
08 /13 /	14	08	/ _27	_ / _	14	SAME AS AE	BOVE					1
Occupancy Status During					100	Street Address						
☐ Facility Closed/Vacate												
Abatement Performed Time of Abatement: 7				s - Des	cribe	City, State, Zip Co	ode					
Scope of Work (Check a	I that apply)		- 100				7. L . 1					
☐ >3 sf or >3 lf		Пв	enovati	on		⊠ Full Con ⊠ Mini-End	tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf			emolitic			⊠ Gloveba	g Procedure					
		1 1	s Locat	ion		Non-Exe	empted (*) and Nor	n-Friable Procedu				
Location	of		Norma			Description of	of.		Ab	atem	ent T	ype
Asbestos-Containing	Material (ACM	D	ed Sole aintena			estos Containing Ma	aterial (ACM)	Amount	Re	T O	四四	ᄪ
TO BE ABA		179	amtena stodial		(i.e., the	ermal systems insula VAT. or	ation, surfacing,	(Specify SF or LF)	Remova	кераіг	cap	Enclosure
(13)	ıry		(12)			other miscellane	eous)	SF ULLT)	<u>a</u>	-30	Encapsulate	ure
		Yes	No	N/A			7				te	
Exterior Roof			\boxtimes		Roof M	lembrane	227	7,350 SF	\boxtimes			
								****		Г		
										F	П	
			1	1		-			1			
Name of Registered Was	ste Hauler	1		JDEP \		Cubic Yards of	Name of Regis	tered Landfill		ь.	1_	
Diamond Huntbach		on	7523	lauler II	No.	Waste	Minerva					
City, State				19689		40 Cy Disposal Date	City, State					
Philadelphia, PA 19	124					08/31/14		rg, OH 44688				
Completed By (Print or T		Title					2000	- 1	ate			
Charles F. Imbimbo	[유명 전	Projec	+ BAan	2025		Signature	ul 1	A that	~ C	1	, /	
Julius I , Illipinib	6	Frojec	LIVIAII	agei			1/1	N M	08	11	41	7

(K 2254

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 08/14/2014			0.00000000000	e of Buildir	ng Owner/Operato enberg	· · · · · · · · · · · · · · · · · · ·		814	o. 0	,			
Agencies Notified Type Notification			500000000000000000000000000000000000000	et Address Lackawa	anna Drive	2014 /	NUG 18		<u>9: </u>		-		
DEP Amended Amendment #		_	105.00	State, Zip dover, NJ			110		G			-	
DOH justification justification	loidanig			e of Contac Louvenb				hone Nur					
			FA	CILITY IN	ORMATION						-		
Name of Facility Where Abatement is Taking D. Louvenberg Portable Toilet Street Address	g Place	(3)				Type of Facili School (K-Subchapte	12)	than K-1	2)				
285 Lackawanna Drive				Tra :		Other (i.e., homes, et		commerc	cial bu	ildin	s,		
City (5) Andover						Square Feet 10,000		Floors		Blag N/A	33	P	10
County (6) Morris				inty Code (E ONLY)	7) (STATE	Current Use (I	Prior if bei	ng demo	lished	1)		1000	
Name of Monitoring Firm Hired by Building C (8) Bio-Terra Environmental Solutions L			ASCM N/A	l No.		ment Contractor (ociates, LLC	(9)						
Street Address					Street Address						-		
P.O. Box 1224					145 Mill Str								
City, State, Zip Code Union, NJ 07083		8			City, State, Zip Paterson, I								
Project Manager for Monitoring Firm Rick Eustaquio			ephone	No. -3762	Telephone No. 973-553-53	.74		nse No. 108					
	uled Co	_			Name of OSHA		- 01	100	-	_	=		
	0/201					ociates, LLC							
Occupancy Status During Abatement (Checi					Street Address	1					_		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal					145 Mill Stre				_		_		-
Other - Describe:					Paterson, N								
Scope of Work (Check all that apply) >3 sf or >3 If >160 sf or >260 If	Ren De		on ition		Mini-Er Goveb	ntainment with Noclosure ag Procedure xempted (*) and	o - 		edure				
9		catio				Actipios () and	1401111111	DIC 1 100		Aba			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used S Mainte Cus sta	Sole	y by ce/		Description of containing Mathermal systems surfacing, VAT other miscellane	terial (ACM) nsulation, , or	Amo (Spe SF or	ecify	Remova	T	pe	Encansulate	Enclosure
	Yes	No	N/A							-	Ļ	D	
Exterior	-	X	Asbesto	s Contaminate	d Debris	40 Yd		X	+	4	_		
								_	-	+	-		
					***************************************		_	+	+	+	+	-	
Name of Registered Waste Hauler		N	JDEP \	Vaste	Cubic Yards	Name of Reg	stered La	ndfill		_			-
Service Transport Group	auler 10 20990	No.	of Waste 40 Yd	Minerva La	andfill								
						21. 2.					-		
City, State New Castle, DE					Disposal Date 09/20/14	City, State Waynesbur	rg, OH						

ASB41

[•] Do not use this form for asbestos licensure exempted activities.

CKININ

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 08 /	14 /	14					Owner/Operator (2 nstruction Co.	2)					
Agencies Notified	Type Notifica	30012122			SCORES .	Address			2014 AUG 11	8 A1	1 8	20	
☐ EPA						Haledon	Avenue					• 0	
□ DOLWD	☐ Amended			+	City. S	tate, Zip C	ode		-A	". .: 1,7	í		
⊠ DOH	Amendme					rson, NJ			L. LIO		Ġ	10 _	
DCA	☐ Emergend		luding	-		of Contact			Telephone Numb				-
(NJAC 5:23-8)	justificatio					ny Mued			r diopriorio i valilo	0.			
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility (4)				
Father English Con	nmunity Cer	nter					l l	School (K-12)					
Street Address									(Other than K-12) ivate and commerce	rial buil	laina	e	
435 Main Street								homes, etc.)	ivate and commen	Jai Dui	ring	٥,	
City (5)								Square Feet	# of Floors	Bld	c. Ac	je	
Paterson											# M. October		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)	-		
Passaic					000	9 (-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6			
Name of Monitoring Firm	Hired by Build	lina O	wner (8)	ASCM I	Vo.	Name of Abateme	ent Contractor (9)			- 8		
EnviroVision	Timed by bane	inig C	*******	,	NOOM I	10.		NAGEMENT LI	C				
Street Address					****		Street Address	WAOLIILI LI		- 120			-
	ad						27 Outwater	Lane					
20-21 Wagaraw Roa	au								,				
City, State, Zip Code							City, State, Zip Co						
Fair Lawn, NJ 0741				T			Garfield, NJ	07026	-Tr:				_
Project Manager for Moni Fred Larson	itoring Firm				phone I '3-636-		Telephone No. 973-928-4888		License No. 1188				
	To	Cobode	ulad C	1	tion Dat	1255 - 1874 - 1	Name of OSHA N		1100				
Start Date (10) 08 /23 /				0.00	1011 Dai	- C - C - C	South production of the control of	NAGEMENT LI	_C				
Occupancy Status During	Abatement (Check	only o	ne)			Street Address				-		
☑ Facility Closed/Vacate	ed During Entir	re Per	iod of	Abate	ment		27 Outwater	Lane					
☐ Abatement Performed							City, State, Zip Co	ode			1		
Time of Abatement: _	AM	PN	A/	_PM-		AM	Garfield, NJ	07026					
Scope of Work (Check al	I that apply)				esconie.				- Allert		_		
					(C)			tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati			☐ Mini-End ☐ Gloveba	g Procedure					
					•••				n-Friable Procedur	е			
				Locat						Aba	em	ent Ty	уре
Location				Norma ed Sole			Description of			Z	מג	m	ш
Asbestos-Containing TO BE ABA		1)		intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili			Cus	todial	Staff?	(1.0	surfacing, VAT		SF or LF)	l Na	7	usc	sur
(13)	:50			(12)	1		other miscellane	eous)				ate	Ф
			Yes	No	N/A				00.15	N .	-	N/A	
Storage Room						ACM Pi	pe Insulation		80 LF				Ш
				П						TIT		П	
Name of Registered Was	to Hauler				JDEP V	Naste	Cubic Yards of	Name of Regis	stered Landfill		_		
ALL PRO MANAGE				1,335	lauler II	O No.	Waste	IESI Landf					
	LIVI LLO	_			00348	360	As Needed Disposal Date	City, State	10000	-			_
City, State							TBD	Bethlehem	ΡΔ				
Garfield, NJ								Detiliellell				í	
Completed By (Print or T	ype)	Title					Signature	101/-	Da		11	1,1	,
Ted Veskov		P	IAI	8			100	LIGHT		8//	1/	14	W
ASB-41 JAN 13		*	Do not	use t	his form	for asbes	tos licensure exem	pted activities.	o-0447	37	1	/	

D&S Proj. #: 2014-328

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

					9014	ALIC I	8 AM 8:					
Date of Notification (1)	Name of E	Building Owne	er/Operator (2)		2017	NOO 1	U KII U.	1 1 2				
0 8 / 1 1 / 1 4 Agencies Notified Type Notificati		MATTHEY	WS				5 311 7	-				
Agencies Notified Type Notificati	Street Add				5		Ġ					
DEP Amended			IN AVENU	E								
Amendment #:	City, State	, Zip Code										
Lmergency		CLAIR, NJ	07042						-			
DOH (including justification)	Name of C	contact			12		Telephone	Number				
☐ DCA ☐ Cancellation	STEV	E MATTHE	EWS									
CONTRACTOR OF STREET		FACII	LITY INFORMA	NOITA						W-Se'- To		
Name of facility where abatement is	s taking place (3)					Туре	of Facility (4					
STEVE MATTHEWS					51		=	(K - 12)		an K	12\	
Street Address				-				apter 8 (C Private/C			12)	ts.
Oli Cot Address							Bldgs./l	Homes, e	tc.			
152 SO. MOUNTAIN AVEN						Squ	are Feet	# of Floor	rs	Blo	lg. Ag	je
City (5)	County (6)				ity Code (7) e use only)	<u> </u>	rrent Use (Pr	ing if bolo			٩/	_
MONCLAIR	ESSEX			(State	e use only)	Cui	rrent Use (Pr	ior ii bein	g der i	Olishe	u)	
Name of Monitoring Firm Hired by B		 -T	ASCM No.	П	Name of Abatemer	nt Contra	ctor (9)	_				
					D & S RESTO	RATIO	N. INC.					
Street Address					Street Address							
					20 California	Ave.						
City, State, Zip Code				-	City, State, Zip Cod	ie						
					Paterson, NJ (07503						
Project Manager for Monitoring Firm		Phone Number	er		Telephone Number			License		er		
					973-345-802			0	1169			
Start Date (10)	Sched. Compl	etion Date (11)		Name of OSHA Mo		_					
08/28/14	09/15/14				D & S Restora	ition, in	c.		-			
Occupancy Status During Abatemer			A MARKET REPORT	$ \parallel$	20 California A	Avenue						
Facility closed/vacated during		atement.		1	City, State, Zip Cod	POWER PROPERTY.					-	=
Abatement performed outside	of normal facility h	ours-			,, , , ,							
Describe: NORMAL H	OURS			-11	Paterson, NJ (07503						
Scope of Work (check all that apply						Full Co	ontainment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation						nclosure					
≥160 sf or ≥260 lf	Demolition						pag procedur exempted (*)		friable	proce	edure	
Location of	Is location norma	lly used solely	1			11000	otomptoo ()		R	R	Е	
Location of asbestos-containing	by maintenance/o staff(12)		2000 00 00	on of as	bestos-containing		Amount	_	e m	e p	n	E n
material (acm) to be abated in facility (13)			material (ACM)			(Specify S LF)	F or	0	a	a	C
abated in lability (10)	Yes No	N/A							v e	r	р	
BASEMENT LAUNDRY, BOILER, CLOSET CRAWL SPACE			PIPE INSU	LATI	ON	1	78 L FT					
												Ш
									10	Ц.		
									Ш.		ᆜ	1
				M1	D 75 1		20			Ш	Ш	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Haul 13506	73 (3.55)	ubic Yards of V YDS	vaste	Name of Register TULLYTOWN	ed Land	IIII DURCE RE	COVE	RY			
City, State		Disposal D			City, State	.,			-			
PATERSON, NJ 07503		08/29/1			TULLYTOW	N, PA			-07-			
Completed by (Print or Type)	Title		Signature					Date			1000000	
BOGDAN JOLDZIC	PRESIDENT							08/11	/2014			
100 44	* Do not use this fo	rm for achaete	ne liceneure ev	empter	activities							

CK 00 6312

State of NJ

D&S Proj. #: 2014-327						s Abatement and 12:120)	in It		· ·			
2	IINs	me of Ri	ilding Owne	er/Operator (2	1		2014 AUG					
Date of Notification (1)				eroperator (2	,		A00	IO AN	3 :	13		
Agencies Notified Type Notificat		nichael eet Addr						-	_			
☐ EPA ☑ Initial	110"						Li.	· · · · · · · · · · · · · · · · · · ·	IN			
DEP Amended	1		iga boulev	ard				- 01:10				
DOL Amendment #:			Zip Code									
Emergency			, NJ 07106			1		-	_,			Secretaria.
DOH (including justification)	Na	me of Co	ntact				I elepnon	e Number				
DCA Cancellation		michae	stokes						=:			
			FACII	LITY INFORM	OITAN	1						
Name of facility where abatement i michael stokes Street Address	s taking plac	e (3)					Subcha	4) I (K - 12) apter 8 (Othe Private/Com			·12)	
Olifect Address								Homes, etc.		Olai		
189 kerriga boulevard							Square Feet	# of Floors	П	Blo	dg. Ag	је
City (5)	Count	y (6)				inty Code (7)			=.		_	
Newark	ESS	EX			(Sta	te use only)	Current Use (Pr	rior if being o	len o	olishe	:d)	
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatement	Contractor (9)					
						D & S RESTOR	ATION, INC.					
Street Address						Street Address					-00	
						20 California A						
City, State, Zip Code						City, State, Zip Code						
						Paterson, NJ 07	7503					
Project Manager for Monitoring Firm		P	hone Numbe	er		Telephone Number		License Nu 011		er		
-						973-345-8020 Name of OSHA Mon	itor	011	09			-
Start Date (10)	Sched.	Complet	ion Date (11)		D & S Restorati						
08/22/14	09/10/	/14				Street Address			-	_		
Occupancy Status During Abatemer	nt (Check or	ly one)				20 California A	venue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Code			=:			
Describe: NORMAL H	OURS					Paterson, NJ 07	7503					
Scope of Work (check all that apply							Full Containment w	/negative pr		ure		
 ≥3 sf or >3 lf ≥160 sf or >260 lf 	Renovation Demolition	1					Mini-enclosure Glovebag procedu Non-Exempted (*)	re			oduro	
Location of	Is location	normally	used solely		*/*E/10:00		Noil-Exempted ()		R	R	E	
Location of asbestos-containing	by mainter				ion of a	sbestos-containing	Amount		e m	e	n	E n
material (acm) to be abated in facility (13)	staff(12)	WW 500	The same	material			(Specify S LF)	SF or	0	p a	c a	C
abated in facility (13)	Yes	No	N/A				L.,		v e	i	р	-
BASEMENT BOILER, REC. LAUNDRY RMS		X		PIPE INSU	JLAT	ION	72 L FT		X			
BASEMENT BOILER RM		X		BOILER I	NSUL	ATION	30 SQ FT		X			
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 1350	P Hauler	ID# C	ubic Yards of	Waste		Landfill RESOURCE RE	COVERV				-
City, State	1330		Disposal D	ate	1 7 2 1 1 1	City, State	KESOURCE RE	COVERI			-	
PATERSON, NJ 07503			08			TULLYTOWN	, PA					
Completed by (Print or Type)	Title		.1	Signature				Date	-			
BOGDAN JOLDZIC	PRESIDI	ENT						2014				

* Do not use this form for asbestos licensure exempted activities.

ASB-41

CK 00 6313

D&S Proj. #: 2014-324

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

						j		30.00			
Date of Notification (1)	Name of Bu	uilding Owne	er/Operator (2)				(Ws 18	* i .			
0 8 / 0 8 / 1 4	COUNT	Y OF BER	GEN		100	2014	110				
Agencies Notified Type Notification EPA Initial	Street Addr	ess					00 10	A.S	8:	10	
□ DEP □ Amended	1 BERG	EN COUN	TY PLAZA			્રન્	- 8			1.)	
Amendment #:	City, State,	Zip Code				ζ.,	<u> </u>	. · ·	I_{n}	_	
DOL Emergency	Hacken	sack, NJ 07	7601				Lio	~ 12e	G'		
DOH (including justification)	Name of Co	ntact				Telephone	Number				
DCA Cancellation	ALAN	KOENIG					-1043			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		FACII	LITY INFORMA	ATION							
Name of facility where abatement is ta	king place (3)			-		Type of Facility (4					
						School	(K - 12)				
RESIDENTIAL BUILDING							pter 8 (O			12)	
Street Address							Private/Co lomes, et		rcial		
218 BOULEVARD							of Floors		Blo	dg. Ag	ge
City (5)	County (6)				nty Code (7)						
				(Stat	e use only)	Current Use (Pri	or if being	g dem	olishe	ed)	
ELMWOOD PARK	BERGEN		100111		Name of Abstament Co	entractor (Q)					
Name of Monitoring Firm Hired by Bldg	J. Owner (8)		ASCM No.		Name of Abatement Co						
				_	D & S RESTORA	FION, INC.					
Street Address											
City State 7in Code				_	20 California Ave City, State, Zip Code				_		
City, State, Zip Code						22					
Project Manager for Monitoring Firm	To	hone Numbe	or.	- -	Paterson, NJ 0750 Telephone Number)3	License	Numb	er	_	
Project Manager for Monitoring Pinn		HOHE NUMBE	3 1	- 11	973-345-8020			1169	OI.		
		5 : ///		_	Name of OSHA Monito	r					
Start Date (10)	Sched. Complet	ion Date (11)		D & S Restoration	n, Inc.					
08/25/14	08/29/14				Street Address						
Occupancy Status During Abatement (C		5 W			20 California Ave	nue					
Facility closed/vacated during ent Abatement performed outside of					City, State, Zip Code	0					
Describe:		113-		_	D 311.055	20					
Other-Describe: NORMAL HOU	RS			<u>- 11</u>	Paterson, NJ 0750						
Scope of Work (check all that apply)						III Containment w/	negative	press	ure		
	enovation					ini-enclosure ovebag procedure	9				
≥160 sf or ≥260 lf De	emolition					on-Exempted (*) a				edure	
Location of	location normally maintenance/cu							R	R e	E n	Е
	aff(12)	stodiai	Description material (sbestos-containing	Amount (Specify Sf	= or	m	p	C	n
abatad in facility (42)	Yes No	N/A	material (ACIVI)		LF)		O V	a i	a p	L
D. A. GETT GETT IM			DIDE DICT	T A TEXT	ON CHTTPMOS	-10 I ET		e N	r	_	
BASEMENT			PIPE INSU	LAII	ON (FITTINGS)	<10 L FT			님	片	ዙ
						-		片	屵	H	+
		-	-					片	믐	믐	H
		-	ļ					믐	屵	片	片
Registered Waste Hauler	NJDEP Hauler	ID# I C	ubic Yards of V	Vaste	Name of Registered L	andfill			Ц_		
D & S RESTORATION, INC.	13506	-5700	YD .		TULLYTOWN, R		COVER	Y			
City, State		Disposal D			City, State	334					
PATERSON, NJ 07503		08/26/1			TULLYTOWN, I	PA					
Completed by (Print or Type)	Signature				Date	/2014					
	RESIDENT	for ashast	o licencure cu	omnto	1 activities		08/08	2014			

الساحب بالمحاجب

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

9014	AUG 18	Date of Notification (1)	/13/14			Name		ng Owner/Operato	x (2) .	1000	`		_
<u>,</u>		Agencies Notified	Type Notificatio	n		Stree	Address 300		-14 ST,				_
•	. Jû	N COL	Amended Amendment Emergency		0	City.	State, Zip SED		TY , N . J .	08243			_
		Ø DOH □ ∞A	justification				of Conta		וֹס	Telephone Numbe	1	eles	
			1			FAC	או רדש:	FORMATION					_
		Name of Facility Where	Abatement is Taking	ng Place G	e (3)				Type of Facility School (K-12 Subchapter	2) 8 (Other than K-12)			
	. ·		03 Octo	301	Da				Other (i.e., p homes, etc.) Square Feet	nyate & commercial) # of Floors		ngs. g. Ag	æ
		City (5)	ALON				1.				_		=
		County (6) C A r C=	MAY			Cour	ity Code (ONLY)	7) (STATE	VA	for if being demotish	ed)		=
		Name of Monitoring Firm (8)	Hired by Building	Owner		ASCM	No.	- Ki	meni Contractor (9				_
		Street Address	*	T					is, spruc	€ duē.			==
		City, State, Zip Code							Code PLE SHO-		080	52	=
		Project Manager for Mo				phone			9-0472	License No.	14		=
		Stan Date (10)	Scre	duled C	omple	eO nai	ie (11)	Name of OSHA	Monitor KL	EHM			==
		Occupancy Status Durin Status Stat	ng Abatement (Che	eriod of	one) Abates	ment		Sueel Address	is, Spa	· ut 2 vc.			=
		Abatement Performe Other - Describe:	d Outside of Norma	al Facilit	y Hour	rs		Ciry, State, Zip	Code APLE SI	IDDE, N.	5.0	280) <u>:</u>
		Scope of Work (Check : 23 sf or 23 lf 2160 sf or 2260 if	all that apply)		enovali emotito			Mini-E	ontainment with Ne nclosure pag Procedure xempted (*) and No	gative Pressure			_
		0-			Localk						A	Daten Typ	
	,	Location Asbestos-Containing TO BE ABA IN Facility (13)	Matenal (ACM) TED	Used Mair	omally Solet ntenan ustodia Staff? (12)	y by ce/	Asbes (i.e	Description stos Containing M thermal systems surfacing. VA other miscelland	aterial (ACM) insulation, I, or	Amount (Specify SF or LF)	Removal	Repair	CIRcapsulaib
				Yes	Но	N/A		04116175		1000 SF	X	\neg	
		51011	va	-		Х		RANSITE					_
											_		_
		Name of Registered Wa	ste Hauler			UDEP V		Cubic Yards of Waste	Name of Reg	istered Landfill	,		528
		KLOMCO	INC.		- N	1790	94	Disposal Date	City, State		T		=
		MAPE	S 1+0 1		N			Signature	1/ 1	DE 1	2	/IU	
	• •	Completed By JOSEPH K	15MM _		1/1	.) 		- l- Jour	in Color	m 0/	J/		_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/12/2014				ner/Operator ETUCHEN		* * · · · · · · ·				
Agencies Notified Type Notification EPA Initial		Street Ad P.O. Bo				2014 AUG	18 /	M	1: 3)
DEP Amended Amendment #_ Emergency (in			e, Zip Code CHEN, No Contact			Telephone Nu	umber	0	'nξ	
DOH justification) Cancellation			GURAL	CHUK		1				
75 27 140 4	21 (2)	FACIL	ITY INFOR	MATION	Type of Facility (4	\				
Name of Facility Where Abatement is Taking I SAINT MARY ELEMENTARY SCHO					School (K-12					
Street Address 351 MECHANIC STREET	30.00				Subchapter 8	Other than K- ivate & commer		dings,	home	s,
City (5) PERTH AMBOY					Square Feet	# of Floors	E	ldg. A	ge	
County (6) MIDDLESEX		County C	ode (7) SE ONLY)		Current Use (Prio	r if being demoli	shed)			
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)	ASCM	No.		of Abatement Cont) BROTHERS (NG, IN	IC.		
Street Address					Address					
				250	RUTHERFORE	BLVD.				
City, State, Zip Code					State, Zip Code FTON, NJ 0701	4				
Project Manager for Monitoring Firm		Telephor	ne No.		hone No. -956-8700	License 00494				
	Scheduled Co 3/27/2014	ompletion [Date (11)		of OSHA Monitor ME AS (9) ABO	/E				
Occupancy Status During Abatement (Check	Only One)			Street	Address					
Facility Closed/Vacated During Entire Pe	riod of Abate I Facility Hou	ement irs		City, S	State, Zip Code					
Other – Describe:										
Scope of Work (Check All That Apply)		100000		Г	7	at with Nagotive	Droces			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renov Demo				Mini-Enclosure Glovebag Proc	nt with Negative edure (*) and Non-Fria			9	
	1-1	- Fi	-		3 Non-Exempted	() and Non-rin	able FTC	Abate		
Location of	ls Loca Norm	ally		Description	n of			Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	nance/ I Staff?	(i.e. th		Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A							Φ	
THROUGHOUT SCHOOL	X			MOVAL OF		42 SF	X			
			V.	ARIOUS R	OOMS					
		NID==		O. H. V. I	N	Dogiotosad Las d	611			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Hauler ID No. of Waste				Registered Land MANAGEM		G.R.C).W.	S.
City, State CLIFTON, NJ				Disposal Date 8/27/2014		SVILLE, PA				
Completed by VIVECA RAMOS	Title PROJEC	CT COOF	RDINATO	Signatur	- \		Date 8/12/2	014		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/13/2014 Chec	ck#2659			of Building			(2)	1		* 1	• •		
Agencies Notified	Type Notification			t Address South Liv	/inastor	n Aven	ue		201	i l LU (18	I.F	7: ,
EPA DEP X DOL	Initial Amended Amendment # Emergency (ir		City,	State, Zip C ngston, N	ode J 0703				Á	i. L	CZ.	is	.G
DOH DCA	justification) Cancellation	g		of Contact Joseph				Te	lephone N	Vumber			
Name of Facility Where Church Rectory	e Abatement is Taking	Place (3)	FA	CILITY INF	ORMAT	ION	Type of Facility	(4)					
Street Address 386 South Livings	ton Avenue						School (K-Subchapte Other (i.e.	r 8 (Oth			ildings	, hom	ies,
City (5) Livingston, NJ 070	039	1					etc.) Square Feet 2,000 SF	2 # 0	of Floors		Bldg. 50+	Age	
County (6) ESSEX				ty Code (7) E USE ONL			Current Use (Pr Church Rect		ing demo	olished)			
Name of Monitoring Fir N/A	m Hired by Building O	wner (8)	AS	CM No.			of Abatement Co Services Corpo						
Street Address							Address 69th Street						
City, State, Zip Code							State, Zip Code enberg, NJ 07	093					
Project Manager for Mo	onitoring Firm	-	Telep	hone No.			none No. 295-1700		License 01074				
Start Date (10) 8/13/2014		Scheduled 8/14/201		on Date (11))	100	of OSHA Monitor e as above		l		-		
Abatement Perform Other – Describe:	cated During Entire Pe med Outside of Norma 5:30 PM	eriod of Aba	atement		<u> </u>		Address State, Zip Code						
Scope of Work (Check ≥3 sf or ≥3 lf	All That Apply)	X Rer	novation	*		Г	7 Eull Contains		- NI				
≥160 sf or ≥260 lf			nolition			2	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	4			-	
		0.0000000000000000000000000000000000000	ocation mally				1 Non-Exemple	u () ai	iu ivoii-ri	lable FI	Aba	emen ype	t
Location Asbestos-Containin TO BE Al	g Material (ACM)	Used S Mainte	Solely by enance/		stos Con		of Material (ACM) s insulation,	// 353	mount Specify	70	T		m
In Fac (13		11 (2.7) (3.7) (3.7)	lial Staff? 12)		surfa	icing, VA miscellar	T, or		F or LF)	Remova	Repair	Encapsulate	Enclosure
Second Floor-Bath	room-Rectory Off		No N/A	A	Pine	insula	ition		6 LF	x	-	le	0
				1	pc	, modic	adon .		O LI				
Name of Registered Wa	acto Hautor		LNIDED	W									
Freehold Carting	2010 I IUUIGI		NJDEP Hauler 15939	ID No.	of Wa	Yards ste	4		ered Land thLand				
City, State Freehold, NJ				,	Dispos	sal Date	City, Star Morris		Α		-		\neg
Completed by Gina Salvador		Title Office N	Managei		S	Signature		1		Date 8/13/1	4		

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) August 12, 2014	1	Name of Building		2) ;	is is	r f.C	70	7		
Agencies Notified Type of Notificat [X] EPA [X] Initial		Street Address	1695 Hylto	2014 on Road	AUG 18 AM	7:2	i a	f		
[x] DOL Amer	aded Notification adment # gency (including cation)	City, State, Zip Co		n, NJ 08110	Lio Per	Inc				
I DCA	ellation	Name of Contact Jack I	Killion	. Te	elephone Number	2				
N CF W W		CILITY INFORM								
Name of Facility Where Abatement is Taking Pennsauken High S			Тур	ne of Facility (4)	School (k-12)	000				
Street Address 800 Hylton Road		7		[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,	
City	County (6)	County Code (7) (STATE USE ONL		are feet 50,000 sf	# of Floors 2	Bldg	. Age	50		
Pennsauken	Camden	(0.1112 002 0112		rent Use (Prior if I High Sc	being demolished)			, o		
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of Abate	ement Contractor (Inc.				
Street Address			Street Address		oute 9, Unit 61			(1)		
City, State, Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City, State, Zip	Code	iver, New Jerse	ev 087	755-1	271		
Project Manager for Monitoring Firm	Telephone Number	ſ	Telephone Nur 732-349-99	nber	License No 00624		55 1.	2/1		
Scheduled Start Date (10) 8/25/14	Scheduled Comple 9/26/14	tion Date (11)	Name of OSH		. Analytical					
Occupancy Status During Abatement (Check of Facility Closed/Vacated	only one) I During Entire Period of Ab	atement	Street Address		elton Road					
	Outside of Normal Facility H		City, State, Zip							
Other – Describe			0.13, 5.11.10, 2.12		vay, New Jerse	y 088	54			
Scope of Work (Check all that apply)		[] Full Containment with Negative Pressure [] Mini-Enclosure								
$\begin{bmatrix} & & \\ & & \\ & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & \\ & & \\ & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	[X] Renov		[]	Glovebag Procedur	re and Non-Friable P	rocedu	те			
					11	Abate	ement	Туре		
Location of	Is Location Normally used	٨٥	Description of bestos-Containi	nσ	Amount	R	R	Е	Е	
Asbestos-Containing Material (ACM)	Solely by]	Material (ACM)		(Specify SF	E M	E P	N C	N C	
TO BE ABATED in facility	Maintenance/Custodia Staff	No.	., thermal system ulation, surfacing		or LF)	0	A	A P	LO	
(13)	(12)		VAT, or			V	R	S	SU	
	YES NO N/A	10.00	ner miscellaneou	18)		A L		L	R E	
Exterior	X	100 windows			100	х		E	ь	
2										
								-		
Name of Registered Waste Hauler	NJDEP Waste Haule		ards of Waste	Name of Register	l ed Landfill	-			1	
Guardian Contracting, Inc. City, State		osal Date	City, State	T.R.R.F.						
Toms River, New Jersey Completed by (Print or Type)	9/29 Title	0/14 Signature A	Tullytown,	Pennsylvaniá		Date	<u></u>			
Nicholas Fernicola	Project Manager	1	8/12/2					014		

^{*}Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building	Oumer/One	rator (2)	11.10.1.	1		
August 13, 20	Traine of Building		lhuln Family Trus	st	24	930	0	
[] DEP [] Am [x] DOL Am	ial Notification ended Notification endment #	Street Address City, State, Zip Co		agle Rock Avenu Orange, NJ 07052	e	M 7: 40		
	ergency (including ification)	Name of Contact						
	cellation	John			Telephone Number	٠٠٠.		
N 68 W 11	FA	CILITY INFORM	ATION					
Name of Facility Where Abatement is Taking Warehouse	g Place (3)			Type of Facility (4)	School (k-12)			
Street Address				[]	Subchapter 8 (or			
299 Hackensack	Street			[]	Other (i.e., priva homes, etc.)	ite & comme	rcial bui	ldings,
City	County (6)	County Code (7) (STATE USE ONL	v)	Square feet	# of Floors	Bldg. Ag		-
East Rutherford	Bergen	(STATE USE ONL	1)	6000 sf Current Use (Prior	f heing demolished		60	
		Na		Wareh		,		
Name of Monitoring Firm Hired by Building		ASCM No.	Name of	Abatement Contractor	(9)			100000
Guardian Contract Street Address	ung, inc.		Street Ad		an Contracting,	Inc.		
1889 Rte. 9, Unit	61		Sueet Au		Route 9, Unit 61			
City, State, Zip Code	9755		City, State	e, Zip Code				
Toms River, NJ 0 Project Manager for Monitoring Firm	Telephone Number		Telephon	Toms l	River, New Jers		1271	
Nicholas Fernicola	732-349-9932		732-349		00624	lumber		
Scheduled Start Date (10) 8/14/14	Scheduled Complet 8/15/14	ion Date (11)		OSHA Monitor		****		
Occupancy Status During Abatement (Check	only one)		Street Ad	E.M.S.	L. Analytical			
	d During Entire Period of Aba				telton Road			
	Outside of Normal Facility Ho	ours	City, State	e, Zip Code				
Other – Describe	Α.				way, New Jerse	y 08854		
Scope of Work (Check all that apply)			[]	Full Containment	with Negative Pres	sure		
f 1			[]	Mini-Enclosure	3	7.55		
[X] >3 sf or ≥3 lf	[X] Renova		[x]	Glovebag Proced				
[] ≥160 sf or ≥260 lf	[] Demoli	tion	[]	Non-Exempted (*) and Non-Friable I	Procedure		
						Abatemen	Туре	
Location of	Is Location		Description			RR	Е	Е
Asbestos-Containing Material (ACM)	Normally used Solely by		estos-Cont laterial (A)		Amount	E E	N	N
TO BE ABATED	Maintenance/Custodial		, thermal s		(Specify SF or LF)	M P	C	C
in facility	Staff		lation, sur		(C. E.)	O I	A P	L
(13)	(12)	-0	VAT, or		1	V R	S	S
	YES NO N/A	oth	er miscellar	neous)		A	U	U R
1 st -floor		l				L	E	E
1 11001	X	Asbestos pipe	insulation		50 lf	X		
							_	
Name of Registered Waste Hauler	NJDEP Waste Hauler	ID No. Cubic Var	rds of Waste	Nome of Beside	17 100			
Guardian Contracting, Inc.	20223	2	us of waste	Name of Registe T.R.R.F.	red Landfill			
City, State	Dispos	al Date	City, State	e				
Toms River, New Jersey Completed by (Print or Type)	8/18/ Title		Tullyto	wn, Pennsylvania	1			
Nicholas Fernicola	Project Manager	Signature	hot	4.	1	Date 8/13/201	4	
	*Do not use this form	for asbestos licen	sure exemp	ted activities.				

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) August 13, 201	4	Name of Bu	ilding Owner/Oper Ron K		3	7-9	2	5	
	ation al Notification	Street Addre		lary Street	2014 AUG	18 /	M 7	: 39	
[x] DOL Ame	endment # rgency (including	City, State,	Perth .	Amboy, NJ 0886	- Lic.		7	nC	
I Den	fication) cellation	Name of Co	ontact Ron Kopi		Telephone Number		,		
		FACILITY INF	FORMATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4	School (k-12)	•			
Street Address 761 Mary Street		0.020.030.031		[]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
City	County (6)	County Code (STATE USI		Square feet 2000 sf	# of Floors	Bldg.		Λ	
Perth Amboy	Middlesex	(STATE OS.	LONET		if being demolished)		0	0	_
Name of Monitoring Firm Hired by Building Guardian Contrac		ASCM No.	Name of	Abatement Contract	or (9)	T			
Street Address 1889 Rte. 9, Unit			Street Ac	ldress	dian Contracting, Route 9, Unit 61	inc.			
City, State, Zip Code			City, Sta	te, Zip Code		005			
Toms River, NJ 0 Project Manager for Monitoring Firm	Telephone Nu			ne Number	River, New Jers		55-12	271	
Nicholas Fernicola Scheduled Start Date (10)		mpletion Date (11)		9-9932 OSHA Monitor	00624				
8/13/14 Occupancy Status During Abatement (Check	75. 05		Street Ac	ldress	S.L. Analytical				_
2 12	d During Entire Period o Outside of Normal Facil				Stelton Road				
Other – Describe			— City, Sta	te, Zip Code Piscat	taway, New Jerse	y 0885	54		
Scope of Work (Check all that apply)			[]		nt with Negative Pres	sure			
[x] >3 sf or ≥3 lf	[x] R	enovation	[x]	Mini-Enclosure Glovebag Proce					
[] ≥160 sf or ≥260 lf	[] D	emolition	[]	Non-Exempted	(*) and Non-Friable l	Procedur	re	31	
						Abate	ment 7	Гуре	
Location of	Is Location Normally used		Description Asbestos-Cor		Amount	R E	R E	E N	E
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custo		Material (A (i.e., thermal		(Specify SF or LF)	M	P	С	N C
in facility	Staff	Juliai	insulation, su	rfacing,	OI LIF)	0	A I	A P	LO
(13)	(12)		VAT, of other miscella			V A	R	S U	S U
*	YES NO 1	N/A		*		L		L E	R E
Basement	X	Asbestos	s pipe insulatio	n	100 lf	X			
							_		
*	 								$\vdash\vdash$
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste F		ubic Yards of Was	te Name of Regis	stered Landfill				
City, State Toms River, New Jersey		Disposal Date 8/15/14	City, St		ia.				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	1 ch	wii, Feilisylvan	7	Date 8/13	/2014	L	\neg
Tank a Tank VIII		s form for asbesto	os licensure exem	apted activities.	<u>t</u>	3,13	201		

08/12/2014 15:43

NO.848 #982

9834 8HC 10 8M 7.55	NC	TIFICAT	10H OF A	New Jaron BRESTON	ABATER	åENT						
2014 AUG 18 AM 7: 35		(Pursu	ane (o Nja	40 B:00 ar	nd 12:120)	Di	11	1.0	_		
Date of Neilfoutton (1) August 12, 2014			e of Buildin W Jersey					hack #	13FII	DAI		7
Agendes Notified Type Neulication	1		es Address			-+	+ 1		-	4	7	
		P.C). Box 60	0		1.		1%	1	1.		1
			Stole, Zip			-	110	1/0		-		T
DOL Amendmen			nton, NJ		0800		MARIE	464	CA	_	1	1
DOM jurisignation	1	Num	e al Conte	cl				NAME	RI	IVE	7	1
		F	ACILITY IN	FORMAT	TION					1. (-)	V	1
Name of Facility Where Absternant in Takin	ng nc4 (3)				T	Type of Facility	(4)			-		l .
Btrest Address			_			School (K.	12) or 8 (Other than					
Dunns Mill Road	1					Other (I.D.	blingto g comm	ordal bi	liding	חפה ,ם	105,	
City (5)					\rightarrow	Bounte Feet	I of Floors	-	Bidg.	Ase		
Bordentown						8,000	1		100			
County (6) Burilington			nty Cods (7 To USE ON			Maintenance	rior If being dem	Dedeso		7-7-		
Name of Monitoring Firm Hired by Building Environmental Connections, Inc.	O nes (8)	A	KIM No.		Shad	e Environme	intractor (9)	The state of the s			\dashv	
Street Address 120 N. Warren Street	1				Street /	Address Cutter Avenue		9	-		\dashv	
City, State, Zip Code Trenton, NJ 08629					City, Si	ele, Zip Code Shade, NJ (\dashv	
Project Manager for Monitoring Firm		Teler	hone No.		Talapie		Licens	- 14-				
Ryan Broadwater		0.0000000000000000000000000000000000000	-382-420	00		55-0099	0084					
Bion Date (10) August 20, 2014	August 2	9, 2014		1)		OSHA Monitoria			Т		\neg	
Cocupency Blatus During Abelement (Chec	t Only Ono)				Street A				_			
Facility Closed/Veueted During Entire Abelement Performed Outside of North Other - Describe:	Period of Ab	elemeni				loute 130 No	rth					
Abalement Purformed Outside of Norm Other - Describs:	nai Focility 14	Burg				ate, Zip Code Imineon, NJ (30077	97,005				
Scope of Work (Check All This Apply)					Cinna	ITIIIIIBOIT, NJ I	18011		_			
호 3 에 대 전 // 조 160 에 마 2280 //		ovedon islition			- B	Mini-Encloser Glove han Pro			25.05.0			
10.7	icle	cation				(Adit Calliubes	n [.) and ladit-ki	TIGIDIN PIC	-	amen		
Location of	Nor	mally		De	actiption o	of				Abe		
Asbestos-Contening Material (ACM) 10 ME ABATED	Maderia	onanca/		asias Cont	laining Ma	itedal (ACM) Insulation,	Amount	700		5	m	
in Facility		al 6tem?	,	SULTE	cing, VAT	, 01	(Epochy Storlt)	Remos	Rapair	E E	B	
(13)	-		-	other n	risceltene	ane)		1 8	島	Encolpaniele	Encosum	
Exterior		KX N//		low Gla	zina ent	d Caulking	408 LF	×	+-	10	\vdash	
		+-	1					- -	-	-	\vdash	
	1	_	+-					+-	-	-	H	
			+					+	-	-	H	
Name of Registered Weste Heuter Freehold Cartage		NJDEP Hauler 22253	ID No.	Cubic of Was			Registered Land	3153	Len	q(<u>l</u> (l)	4	
City, State Freehold, NJ		22.03			rei Date	Olly, State	<u> </u>				\dashv	
Completed by	Title			DITAIN	1014	Birdsbo		Detr				
Christina Lynch	Operation	ne Men	nager		mon	MARL		Dets 0/12/20)14			

[.] Do not use this form for asbesios licensure grempted sciluides.

(K1396

00/13/2014 10:01

1750 11 11

HO. 843 #882

A CAMP AND THE BUILDING	,¢				34				201		(國)	100
2014 AUG 18 AM 7:	51	NOT	RICATIO	Binte of New ON OF ABBES St to NJAC D:	TOB ABATI	EMENT 29)		DOL	[-	10	D,	44
Data of Northernton (1) August 13, 2014	ιĈ.		Name	of Building On	eneriOperate	r (2) /O Communi	Daniel M.			_	_	
Agendes Notified L. Type Notificials			Stroet	Address	THE CONTRACTOR OF	- Community	ra League (A)	OLD IN	- CI	MOCK	# 13	190
EPA Initial O Amended				outh Main E			1 L	lut	1.	1)	M	1
DEP Amended Amended Amended	nt d			tale, zip Code Bantyllie, N.		107	WAT	VED	4	1	1	28
Emergency justification DCA Consultation	(Industr	Ð	Name	of Control	00232=2	01	Telapho	A L'U	HA TOOM	P	201	ED.
12. 00,000,000	-	_		CILITY INFOR	MATION							
Name of Facility Whom Apaloment is Tak Bayside Condominiums	ng Piece	(3)			794	Type of Facili	ey (4)			_		
Screen Address	+					School (K-12)					
27-31 Annapolis Avenue	li li					School () Subching Offiner ()	per g (Outer in	nin K-12 mmercii	전) 의 bu	diding	ia, hor	nae,
City (5) Atlantic City						Square Fact 6,000	≥ of Flor	CIFR		81dg.	000000000000000000000000000000000000000	- , -
County (8) Atlantic	i i		County	Code (7)		Current Use (Prior if being d	emolish	100)	-		
Name of Manijoring Firm Hirad by Building American Environmental Specialli	Owner (5)	ASC	M No.	Sha	of Abstement of de Environme	contractor (P)					
Iraa Address 118 Westbury Court					Street	Address Cutter Avenu						\neg
City, State, Zip Code Viariton, NJ 08053						le Shade, NJ	08D52		11			-
relact Manager for Monttoring Firm Aurray Snyder			Telapho 656-9	90s No. 85-2885	Tolep	765-0099	Llas	942	9,	_		
ian Date (10) August 18, 2014	Schodu	1 29,	mplation 2014	Dste (11)	Neme	of DBHA Mania Laboratori	or			-		
ccupancy Status During Abstoment (Cha	rii Only D	ne)				Address		-	_			\rightarrow
Facility Classof Nucesied During Entire Abatoment Performed Outside of Non Other - Oceahbe:	Pariod of nai Facili	Abatar y Hour	nerd a			Route 130 No	onh					_
copo of Work (Check All That Apply)					Cinn	amineon, NJ	08077					
	TEST	Ranovi	-le		R							
23 of 01 23 if 21 00 of 24 250 if		Demovi				Glovebas Pr	predure					
	T	Loopi	ios			Non-Example	led (°) and Nor	-Frindle	Pre		ie Ieman	\dashv
Location of		Normal No Sulm	ity		Description	of					Abo	
Asbertos-Conteining Material (ACM) TO BEARATED In Facility (13)	Ma	imbena (polis) ((12)	rice/	(1,p, the	Containing M mai systems orfscing, VA her miscellan	T, or	Amoun (Specif SF or L)	7	Removal	Repair	Encapadely	Enclasure
	You	No	NIA						直	7	1	2
Units 1, 4, 5, B, 10, 11 and 14		XXX		Jo	Int Compo	und	800 SF (E	ach)	×			
	+		-					\dashv				
								+			-	H
me al Registered Weets Haziler schold Cartage		H	JDEF V? AUG (10 2253	10000000	Waste	1	Registered Li rn Berks Co		nigu	יחות		\exists
y, Siets Ohold, NJ	-	6,6		Dk	aposal Date	City, Bla	ib di	- I Juli			21111	\dashv
riplemd by	Tille				29/2014	RILGED	oro, PA	16.				
riating Lynch		atione	Мапа	Ber	Chn	model ?	人.	0nts 8/13		14		

WLETTER (K1592

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		(Pul			JAC 0.			1.1.6		1	- 1	1
Date of Notification (1)			Na	me of E	building (Owner/Operator ((2)	Z- 2014 AUG 1	· · · · · ·		U	
Date of Montration (1)	5-14-14		_	ME	TRI	A 501	YZALE	2814 6110			=	+
Agencies Notified	Type Notification		Str	est Ad		6 TH A	VE .	700 7	5 A	M	7: 2	+
□ EPA				80	_			, ~	-		-	1
□ LOEP	Amended Amendment#		Cit	y, State	Zip Co	BEAC	H NJ	- 27/2	+	1		1
₩ DOT	Emergency (inclu	ding	-	1	1014	DC 1/C		Telephone Number	1011	ĬĠ.	-	7
□ DOH	instification)				Contact	0.101	2.1	reighton	/3	7: O		1
DCA	Cancellation		E	RI	(PLACK	12		-,	,	,	1
	L			FACILI	TY INFO	RMATION		/			_	4
Name of Facility Where	Ahatement is Taking P	face (3)					Type of Facility					+
Name of Facally 1410-15							School (K-12	2 (Other than K-12)				1
Over at Address : /							V Other (i.e., p	rivate & commercial b	uilding	js,		
Street Address 6	MANE						homes, etc.	# of Floors	Bldg.			\dashv
City (5) / 1 4 / 4 0	1/ 1250	11					Square Feet	/		70_		. 1
UNIO	N BEAC	17						ior if being demolishe	d)		7	1
County (6)	1111111111		T	County USE Of	Code (7) (STATE	VACAN	T (SAN	10.	1)	_
110N	MOUTH		. L			AL CEAL-ACT	ment Contractor (9		7	-		7
	m Hired by Building Ov	mer	AS	SCM No	1			STRIES		N	С.	_
(8)			1_			BRICK	(IN))	21.72		_		7
Street Address						Street Address	10-111	TO				
Officer Voterson						1US 14	HITCK	7.K .				ᅱ
City, State, Zip Code		111111111111111111111111111111111111111				City, State, Zip		1.0872	4			
Gay, 4						-	<u> </u>	License,No.	/			\neg
Project Manager for M	lonitoring Firm		elepi	none No	D.	Telephone No. 732 89	0 1/0	011190	, 			_
		_				Name of OSHA						
Start Date (10)8_/	Schedu	ded Con			(11)	Name of USIN	f BABCII kistra		C100 U = 721			_ 1
8-1	8-14 8-	-16.	_	4		Street Address						\neg
Occupancy Status Du	uring Abatement (Chec	k only or	e)		100	Street Address	•					_
TI Comity ClosedNa	cated During Entire Per	riod of Alt	aten	ent		City, State, Zip	Code			7		
☐ Abatement Perform	med Outside of Normal	Facility I	lours			City, State, 24	0000					_1
Other - Describe:												
Scope of Work (Cher	ck all that apply)					☐ Fut C	ontainment with N	legative Pressure				1
		Rena	watie	an.		Mini-E	Enclosure					
≥3 sf or ≥3 if ≥160 sf or ≥260 ii	F	Dem	olition	ì		Glove	shag Procedure	Non-Friable Procedure	<u> </u>			_
L12100 St 04 2200 II						la Haraki			A	bater		-
		Is Lo	catio mally	n						Тур	e	
		Used S				Description	of	Amount	П		m	_
Locati Asbestos-Containi	ion of ing Material (ACM)	Maint	enani	ce/	Asbe	stos Containing II	Material (ACM)	. (Specify	고	20	ng.	Enclosure
TOBEA	BATED	Cus	todia aff?	•	(F.E	emfacino. V/	AT_OF	SF or LF)	Removal	Repair	pai	sol
IN Fa			12)			other miscella	neous)		NA.	=	Encapsulate	L.O
(1	3)	-	_	N/A		恩					9	
		Yes	No	NWA	-	2.12		1200 55	V			
EXTERINA	SIDING			1/	IR	ANSITE		- 1200	+	-		
-/IICION									+-	-	-	1
		++							+	-	-	-
		+-+		1								
	110/to Marian		10	LIDEP	Waste	Cubic Yards	Name of R	egistered Landfill		•		
Name of Registered	waste nauter	/N	1.	-lauler II) No.	of Waste	5 G.K	O. W.S.	100000			
	NDUSTRIES	1/1	1	210	002	Disposal Date	e City, State	5720				
City, State BRICK	((1)	- 11 CHEST				8-18-		P M				
DKICK	, M7.					Signatur		Dake S-	1	/	11	/
Completed By	IN SECTION	e Pr	-			783	ellack	- 2-	- 14	=	17	
ERIC P	CACKIS -	•,9	_									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Name of Notification (1) Name of Building Owners/Depting (2) Lorental Name of Statistics Name of Statistic			NOTIFIC	ATION O	of New FASBES NJAC 8:	Jersey STOS ABATEME 60 and 12:120)	ENT	Fi.	50	- 7 :	× -	
Signation Notified PA			(1 ui.			Owner/Operator (2)	2016 00			-	1
Signation Notified PA	Date of Notification (1)	8-14-14		LOR	RAL	NE LH	TZKE	TOTA AL	G 18	£ A	7 5	+
Property	Agencies Notified	Type Notification		Street A	ddress	31/ 74 5	T. SOU	TH A.		744	/:	1
DOL	E PA		1	City, Stat	e, Zip Co	de		ELI	INF.	I.	Ìm	7
DOH	DOL.	Amendment#	luding	BR	1GA	NTIN	<u>' </u>	Telephone Mumbe	- LE	PES.	=	4
Street Address Stre	□ DOH	justification)		Name of	Contact	PLACK	15	(elephone Munabe				
Street Address Type of Facility (No. 1) Street Address Type of	☐ DCA	LI Carlonaudi				RMATION						1
Street Address 20	CE TE MADE	- Abetement is Taking	Place (3)	FAGE	211100							-
Street Address Stre							[] Quhchanter 8	(Other than K-12)	i building	gs,		-
City (6) BRIGANTINE County (6) BRIGANTINE Name of Monitoring Firm Hired by Building Owner ASOM No. Name of Abatement Contractor (9) BRICK IN DUSTRIES INC. Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Tolephone No. Tole	Street Address	ITH STREE	T 50	UTH			homes, etc.)					\dashv
County (6)							100	1	_	- 3		_
Name of Monitoring Firm Hired by Bullding Owner (8) Name of Monitoring Firm Hired by Bullding Owner (8) Name of Monitoring Firm Hired by Bullding Owner (8) Street Address Street Address		1 /		County	y Code (7) (STATE			ned)			
BRICK INDUSTRIES IN E.						Alome of Abaton						\dashv
Street Address Street Address		irm Hired by Building C	wner	ASCM N	lo.	BRICK	INDUST	RIES IN	۷,			_
City, State, Zip Code City, State, Zip Code City,	`					Street Address	NATICK	TR.				
Project Manager for Monitoring Firm	1000								,			
Telephone No. Telephone No	City, State, Zip Code	1				BRIC	K. NJ.					=
Street Date (10) Screeting Continue	Project Manager for	Monitoring Firm	Te	elephone N	Vo.	132-89			6		_	_
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply)	Start Date (10)	Sche	duled Comp	oletion Dat	e (11)	Name of OSHA	Monitor					
Occupancy Status During Abatement (Check all the state of Normal Facility Hours (City, State, Zip Code (City, State	8-2:					Street Address						
Abatement Performed Outside of Normal Facally Flouris Other - Describe: Scope of Work (Check all that apply) ≥3 sf or ≥3 lf	Occupancy Status I	During Abatement (Che	ck only one	etement		Sueet Address	5,5590					=
Other - Describe: Scope of Work (Check all that apply) Saf or ≥3 lf Penovation Penovati	Facility Closed/V	racated During Entire Porma Armed Outside of Norma	al Facility H	ours		City, State, Zip	Code					
≥3 sf or ≥3 lf	Other - Describe	:				<u> </u>						_
Same of r≥3 if Sentiment	Scope of Work (Ch	eck all that apply)				□ Full C	ontainment with N	legative Pressure				
Secretarion of Location of Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A	≥3 sf or ≥3 lf	2 -	Renor	vation Hition		<u></u>	t - The - dress	Las Erioble Droced	ire			
Asbestos-Containing Material (ACM) TO BE ARATED IN Facility (13) Yes No N/A VINYL SHETTING MASTICE OF SHARE SHA	□≥160 sf or ≥260	Tr.				☐ Non-E	empted (*) and i	OFFIRE PROPERTY.	A			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A VINYL SHEETING/MHST C SF / PSPHHIT SHINGLE ROLFING SE / ROPE VROPE Name of Registered Waste Hauler Name of Registered Waste Hauler RECK NDUSTRIES /NC Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SFORE VINYL SHEETING/MHST C SUSTER SPENDER NO N/A VINYL SHEETING/MHST C SUSTER ROPE / R			Norm	ally		0	~£		_	1 yp	e T	-
VILLIFY ROOM VINYL SHEETING MASTIC GUSF ' ROOF ROOF	Loca	ation of	Used So Mainte	olely by nance/	Asbe	stos Containing h	flaterial (ACM)		70		Ξ	1
VILLIFY ROOM VINYL SHEETING MASTIC GUSF ' ROOF ROOF	TO BE	ABATED	Cust	odial	(i.e	surfacing, VA	AT, or		emo	Reps	apsı	
Yes No N/A VINYL SHEETING MISSIC 64 SF ' VINYL SHEETING MISS						other miscellar	neous)		<u>s</u>	-	ilate	
VINVL SHEETING MUST OUT IN SE VINVLE VENT/FLASUS ON ROOF VENT/FLAS			Yes	No N/A			/	1	+	_	_	-
ROOF PSYMHU SHIKUE NOTHER PSYMU SHIKUE NOTHER PSYMHU SHIKUE NOTHER PSYMU SHIKUE	1/511510			1	VIA				-	-	-	H
FURNALE VENT FLASUS AN ROBE V ROBEN & FARSTLE 1100 SF V TRANSITE 1100		0.61	1	1	ASP.	HALT SHIN	GIE RUIFIE			├	\vdash	H
SIDING Name of Registered Waste Hauter Number Waste Hauter Number Waste Cubic Yards of Waste 2 G.R.O.W. S	FIRME VENO	TELASUS ON ROTA	A	1	Roof	NG MASTIC			-	╁	-	t
Name of Registered Waste Hauter BRICK NDUSTRIES NC Hauter D Nb. 2 G.R.O.W. S City, State Q-5-14 City, State PA	SIDING	1	_	1	-		Name of R	-	- 1	ا		1
City, State	Name of Registere	ed Waste Hauter	NC				2 G.R	.O.W. 5				_
BRICK. N.J.	O'L. Chata	DUSTRICE		12/9	204		e City, State	PA				
Completed By St. KIS PRES. The Methants 9-14-14	FBRICK	·. N.J.				_ /	4/	/ Date	-	, ,	_	
LEWIC LEWVILL LINGS	Completed By	ACKIS	PRES.	•			helt tack		- 14	- 1	_	_

NOTIFICATION OF ASBESTOS ABATEMENT

					300 pag				
Date of Notification (1) August 14, 2014	4	Name of Building (ator (2) Contracting, Inc.	reu d	\ \	43	1	
L	ion Notification Ided Notification	Street Address	Castle	Contracting, Inc.	14 AUG 18	Ma	e ji 🛢	A-	1
[x] DOL Amen	ndment # gency (including	City, State, Zip Coo		Ridge, NJ 07028	& LICENS	CIT	k0L		
I I DCA	ication) ellation	Name of Contact Dan		Те	lephone Number				
	FA	CILITY INFORM	LATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)	41	l. 12)		
Street Address 413 Ludlow Avenu	ue		,	[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al buildi	ings,
City	County (6)	County Code (7) (STATE USE ONL)	Y)	Square feet 1500 sf	# of Floors 2	Bldg.	Age 6	0	
Spring Lake	Monmouth			Current Use (Prior if) Residen	ce				
Name of Monitoring Firm Hired by Building Guardian Contract		ASCM No.			9) n Contracting,	Inc.			
Street Address 1889 Rte. 9, Unit (61		Street Ad	1889 Ro	oute 9, Unit 61				
City, State, Zip Code	0755		City, Sta	te, Zip Code	iver, New Jerse	os, 087	55_10	71	
Toms River, NJ 08 Project Manager for Monitoring Firm	Telephone Number	NT.	Telephor	ne Number	License N		33-12	./1	
Nicholas Fernicola	732-349-9932			9-9932	00624			~ 4000	
Scheduled Start Date (10) 8/14/14	Scheduled Comple 8/15/14	etion Date (11)	Name of	OSHA Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatement (Check			Street A	idress	146.00 100.00 100.00				
	d During Entire Period of Al			1056 St	elton Road				
Abatement Performed	Outside of Normal Facility I	Hours	City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 088:	54		
Scope of Work (Check all that apply)		•	[]	Full Containment v	with Negative Pres	sure			
[X] >3 sf or ≥3 lf	[x] Reno	vation	[x	The same of the sa	re				
[] ≥160 sf or ≥260 lf	2 2	olition	[]	Non-Exempted (*)	and Non-Friable l	Procedu	re		
					4	Abate	ement '	Гуре	
	Is Location		Description			R	R	E	Е
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		bestos-Co Material (A		Amount (Specify SF	E	E P	N C	N C
TO BE ABATED	Maintenance/Custodia		e, thermal		or LF)	M	A	A	L
in facility	Staff	ins	ulation, su			0	I	P	0
(13)	(12)		VAT,			V	R	S	S
	YES NO N/A		ner miscell	aneous)		A L		L E	R E
Basement	X	Asbestos pipe	insulatio	on	185 lf	Х			
						-			
Name of Registered Waste Hauler	NJDEP Waste Hau		ards of Was	ste Name of Register T.R.R.F.	red Landfill		1		
Guardian Contracting, Inc.		posal Date	City, S			-			
Toms River, New Jersey	8/1	8/14		town, Pennsylvania		т			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol	Jel		8/14	1/201	4	

^{*}Do not use this form for asbestos licensure exempted activities.

NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

		(1 41	Juai	11 10	14.0.	<u> </u>	o.oo ana	12.12	-0)	iti.	- 1-5	s. J .	البأك			
Date of Notification	(1) 4/11/14						vner / Operator Education	r (2)	20	114 AL	JG 18	3 AM	1 7: 2	22		
Agencies Notified	Type Notifica	ation	Str	eet A	Address											
☐ EPA					rospe				A	1		· Paper	7:			
DEP	☐ Initial				ate & Zi	5 to 102 to 10 to				٥,	Lice		IIG	U L.		
□ DOL	(2000) (1	nded R#4-8/13/14			n, NJ		8			-	LIOL					0.00
□ DOH □ DCA		rgency	1 23139		of Conta							Te	elepho	ne N	umhe	שר
☐ DCA	☐ Cano	ellation	Mr	r. Ev	erett C). Co	llins									
			I	FAC	ILITY I	NFO	RMATION			T.						
Name of Facility Wh	nere Abateme	ent is Taking Plac					Type of Faciliti		NON SU	ВСНА	PTER	8 8				
Street Address							Subchap									
401 Dayton Stree	et						Other (i.e					ildings	, hom	es, e	tc.)	
io. Dayton onoc							Square Feet	-	# of Flo		_		lg. Ag			
City (5)		County (6)	Coun	ty Co	ode (7)		1						3. 3			
Trenton		Mercer	Coun	ity Ot	ouc (i)		Current Use (Prior i	f heina d	lemolis	(hede		-			
rrenton		Mercer					School	,1 1101 1	being u	CHION	3i icu)					
Name of Monitoring	Firm Hirad b	L. Duilding Oung	(0)	_	ASCM	NIo	Name of Abat	tomon	Control	otor (O	1				_	_
Environmental C		by Building Owner	(8)	3	ASCIVI	NO.	Bristol Envi)					
Street Address	onnection						Street Addres		ientai, i	IIC.						
120 North Warre	n Stroot						1123 Beave	5.50	of							
	City, State & Zip Code Frenton, NJ 08010						City, State & 2									
						Bristol, PA										
Project Manager for	irm IT	elenho	one N	Number		Telephone Nu				Licen	se Nu	mber				
Steven Fairess	monitoring r		09-39				(215)788-60				0050					
Scheduled Start Da	te (10)	Scheduled Comp					Name of OSH		nitor							
Back on site -			3/14/1		()		Bristol Envi			nc.						
Occupancy Status I	During Abate	ment (Check only	one)				Street Addres	SS								
		During Entire Per		Abat	tement		1123 Beave	r Stre	et							
Abatement	Performed O	utside of Normal	Hours	s			City, State & 2	Zip Co	de							
	7:00 AM -	3:30 PM					Bristol, PA	19007	7							
☐ Facility Occ	upied During	Abatement														
Scope of Work (Che	eck all that ap	oply)			-		•			ma::0x=14:0						
									Full Cor			ith Ne	gative	Pres	sure	Ē.
≥3 sf or ≥3 l					ovation				Mini-En							
≥160 sf ≥26	60 If			Dem	olition				Glove B							
									Non-Ex							
	ocation of		Is Lo				Description				Amou		Aba	atem	ent T	ype
	tos-Containin	ig f	Norma				Asbestos-Con		J		(Spec SF or l				m	35.01
	terial (ACM) BE ABATED		ااه Vainte	ely by			Material (A0 (i.e., thermal sy		-	3	אר טו נ		₽ Z	71	nc	Ē
	n Facility	1 00	Custod		C11 12320		sulation, surfac						Remova	Repair	aps	cls
•	(13)	1		12)	tan:		or other miscella						Va	a:	Encapsulate	Enclsoure
	(/	Y			N/A				•						6	
B-24, B-30, B-40,	R-44				\Box		Nailcret	-Δ		2	2355	SF	T	\boxtimes	П	П
D-24, D-30, D-40,	D-44		7		H		Ivaliore			-	.000	-	TH	H	Ħ	H
				4+	HH								一一	H	H	H
			=	$\dashv +$	+					-	-		卄片	H	H	H
			4+	\dashv	$H \vdash$					-	-		+	H	H	H
				$\dashv +$	++					-			12	H	믐	片
Name of Desisters	d Mosta Hand	lor.		INITE	DEP Wa	eto I	Cubic Yards	Nom	e of Reg	ietoro	dlan	dfill		Ш		Ш
Name of Registered	i vvaste Haui	ier			iler ID N		of Waste	Ivaiii	e oi Key	listere	u Lan	um				
Bristol Environm	nental Inc			187			0 Cu yds.	Gro	ws Lan	dfill						
City, State	ioniui, mo.			.01	-		Disposal Date	- 15000000000000000000000000000000000000	State		-					
Bristol, PA						ا	naposai Dale		risville,	PA						
Completed By (Prin	t or Type\			Title	<u> </u>	-	Signature	1	,				Date			
Gino Pizzigon				7 Sept 5 2 2 1 1 1 1	ject		11.	0.5		/	.0		-/	' /	1.1	
JIIIO FIZZIGUII				2000	nager		Lino Per	zeg	roue	/ >	K		8/1	3/	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification			543 543	Name	e of	Building	Owner / Operate	or (2)							
Associate Metified	4/11/14	-4:					of Education								
Agencies Notified EPA	Type Notific	cation				dress	~								55 100/6
DEP	☐ Initia	si.	13			ospect									
Ø DOL	and the same of th	nded R#3-8/1	1114			e & Zip									
			1/14			, NJ 08									
□ DOH		ergency cellation	19			Contact					Te	lepho	ne N	lumb	er
	L Can	Celiation					Collins	01			1				
N	Ab				CIL	ITY IN	FORMATION								
Name of Facility Will Grace Dunn MS	nere Abatem	ient is Taking I	Place (3)			Type of Faci				2020				
Street Address										BCHAPTER	8				
									(Other th						
401 Dayton Stree	eτ									mmercial bui				etc.)	
0:4. (5)		To ((0)	10		_		Square Feet		# of Flo	oors	Bld	g. Ag	е		
City (5)		County (6)	Co	ounty	Cod	le (7)									_
Trenton		Mercer					Current Use	(Prior	if being o	demolished)					
	E 10 11				-		School								
Name of Monitoring			mer (8)	Α	SCM No									
Environmental C	onnection						Bristol Env		mental,	nc.		1-0-1			
Street Address 120 North Warre	n Stroot						Street Addre								
City, State & Zip Co					-800.75		1123 Beav	2000	TO STATE OF THE PARTY OF THE PA						
Trenton, NJ 0801							City, State &								
		Firm	Tolo	phone	NI	mbor	Bristol, PA			11:					
	teven Fairess 6						(215)788-6		r	Licens 00509		nber			
	teven Fairess 6 cheduled Start Date (10) Scheduled Comp					2/5/1/	Name of OS		nitor	00303					
Back on site -				3/14	,	,	Bristol Env			nc.					
Occupancy Status I	Ouring Abate	ment (Check o	only on	e)			Street Addre								-
Facility Clos	ed/Vacated	During Entire	Period	of Ab	ater	ment	1123 Beave	er Str	eet						
Abatement I	Performed C	utside of Norn	nal Ho	urs			City, State &								
Describe:	7:00 AM -	3:30 PM					Bristol, PA								
☐ Facility Occ	upied During	Abatement							(5) 						
Scope of Work (Che	ck all that a	pply)					33330								
				1524					Full Cor	ntainment wit	th Neg	ative	Pres	ssure)
≥3 sf or ≥3 lf			\boxtimes			ation			Mini-En	closure					
≥160 sf ≥260	O If			Der	moli	tion			Glove E	ag Procedur	es		- 12		
								\boxtimes	Non-Ex	empted and	Non-F	riable	Pro	cedu	іге
	cation of		0.00000	Locat			Descriptio			Amoun		Aba	atem	ent T	ype
	os-Containir erial (ACM)	ig		mally i olely i		a.	Asbestos-Cor		g	(Specif				_	
	BE ABATED			itenan		or	Material (A (i.e., thermal s		ic.	SF or LI	F)	Z.		5	g
	Facility		A3333 GA	odial S			insulation, surfa-					Remova	Repair	aps	cls
	(13)			(12)			or other miscel	laneou	ıs)			ova	air	Encapsulate	Enclsoure
			Yes	No	N/	'A								6	(0)
B-24, B-30, B-40,	B-44				I		Nailcre	te		2355 S	F		\boxtimes		П
					TE							П	Ħ	Ħ	IT
					T							n	Ħ	Ħ	H
			In	П	IF	1						H	H	Ħ	H
			TT	ITT	T							H	H	H	片
				П	Ī							H	Ħ	H	片
Name of Registered	Waste Haul	er		NJ	DEF	P Waste	Cubic Yards	Nam	e of Reg	istered Land	fill				ш
0.0.00 V							of Waste		_		odile di				
Bristol Environm		18	706	5	10 Cu yds.		ws Land	dfill							
City, State							Disposal Date		State	eti. Petis					110.0
Bristol, PA								Mor	risville,	PA					
Completed By (Print				Titl			Signature	-		, -	1	Date	,	,	
Gino Pizzigoni				1 2 2 2 2 2 2 2 2	oje		4. 0		N.	1.0	- 1	0	/111	14	
				Ma	ana	ger	Nevo 11	zze	gove	17		0/	'/	' '	
GI 14068									,	•					

NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

PROJECT COMPLETE

Date of Notification	(1) 7/23/14		Name Old B	of Buildi	ing Ov	vner / Operator (a	2) Education	91	DIA ALLE	`	Missis	
Agencies Notified	Type Notifica	tion	Street	Address	3				HI RUG	318 A	H 7:	1
EPA	Type (voimes	a.c.	Patrio	ck Torre	e Adn	ninistration Blo	dg, County	Route 516				_
☐ DEP				State & Z						300	. Ti	IDI
□ DOL		ided 3		wan, N.		47	<u> </u>		- L	OF Nur		⊣"
□ DOH		gency		of Conta					llelepr	ione ivui	libei	1
☐ DCA	☐ Cance	ellation	Mr. F	rank Fr	azzit	ta			1		0151466	
			FA	CILITY	INFO	RMATION						\dashv
Name of Facility W	here Abateme	ent is Taking Pla	ace (3)			Type of Facility	(4)	CUADTED	0			
Virgil Grissom E	lementary S	School				School (K-1			0			
Street Address						Subchapter Other (i.e.	r 8 (Other tha private & com	mercial build	dinas ho	mes etc	:.)	
1 Sims Avenue						Square Feet	# of Floo		Bldg. A		,	
		O	Country	Code (7)		50000		1		40÷		
City (5)		County (6)	County	Code (1)		Current Use (Pr	rior if being de	emolished)				
Old Bridge		Middlesex				School	nor in bomig an					
	Fig. 1 Feed b	Decilding Our	05 (8)	ASCN	1 No	Name of Abater	ment Contrac	tor (9)				
Name of Monitorin	g Firm Hirea b	y Building Own	er (o)	ASCIV	1140.	Bristol Enviro						
Street Address	Connection			-		Street Address						
120 North Warre	en Street					1123 Beaver	Street					_
City, State & Zip C					-17.88	City, State & Zi						
Trenton, NJ 080	10					Bristol, PA 19		11	- Museele			\dashv
Project Manager fo	or Monitoring F	irm	Telephone		er	Telephone Nun		00509	e Numb	81		
Jim Frisbee			609-392-			(215)788-604 Name of OSHA		00303				\dashv
Scheduled Start D		Scheduled Con	8/13/14	ate (11)		Bristol Enviro		ic.				
8/11/1		mant (Charle or				Street Address						
Occupancy Status	buring Abate	During Entire P	eriod of Ab	atement	t	1123 Beaver						
	t Performed ()	utside of Norma	al Hours -	7am to	3pm	City, State & Zi		M.				
Describe:	7:00 AM -					Bristol, PA 1						
	cupied During											\dashv
Scope of Work (C						5	7 5 10	ntainment wi	th Nogo	ivo Proc	curo	
			-			Į.	Mini-En		iii ivegai	ive ries.	Suic	İ
≥3 sf or ≥3			_	enovation		Ļ		ag Procedu	res			
≥160 sf ≥2	260 If		□ Бе	emolition		L F		empted and		able Proc	edure	e
	I		Is Loca	ation		Description		Amour		Abateme		
	Location of estos-Containing	na	Normally			Asbestos-Conta		(Speci	fy			
	aterial (ACM)	.9	Solely			Material (AC		SF or L	.F)	Z _	Enc	m
	BE ABATED		Maintena			(i.e., thermal sys				Repair	aps	cls
	in Facility		Custodia (12	Marchen Control of the	1	nsulation, surfacion or other miscella				air	Encapsulate	Enclsoure
	(13)		Yes No			or other inicocha	noodo,				6	
Dailer Daam						Boiler Rib Pag	cking	10 SI	F			
Boiler Room			HH			20.101 1.112	9					
			HH									
			十十十									
			HIF									Ш
			THI									
Name of Register	red Waste Hau	uler				Cubic Yards	Name of Reg	gistered Land	lift			
3			10 52	Hauler ID	No.	of Waste	Minerva La	n deill				
Service Transp	ort Inc.		- 2	20990		2 Cu Yd		mann			_	
City, State						Disposal Date	City, State Waynesbu	ra Ohio				
New Castle, Di				===		8/14/14	aaaliesnu	19, 01110	Tn	ate		
Completed By (P				Title Project		Signature		1'0	7.5	/23/14		
Gino Pizzigo	oni			Vianage Manage		Dine the	zegone	1/				
1			1.			1	1 /	//				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Q#2669

Date of Notification (1)		Name	of Ruildin	a Oumas I Onesal	(0)					-	
7/23/14		Old	Prides To	g Owner / Operat	or (2)						
Agencies Notified Type Notific	ation	Stroo	t Address	wnship Board	of Education	1					
EPA	ation			A	D						
☐ DEP ☐ Initia	i	Patri	CK Forre	Administration	Bldg, Coun	ty Route 51	6				
= 4 4 5	S		State & Zip								
	nded	Mata	wan, NJ (07747					70		
	rgency	100000	e of Contac				Tel	lenha	no NI	•	-
DCA Cand	cellation	Mr. F	rank Fraz	zzitta							
		FA	CILITY IN	FORMATION							
Name of Facility Where Abatem	ent is Taking Place	€ (3)		Type of Fac	ility (4)						
Virgil Grissom Elementary S	School				(K-12) NON SI	JB-CHAPTE	R 8				
Street Address					pter 8 (Other ti						
1 Sims Avenue					.e. private & co		.:	L	2020		
1 Omio Avonac										tc.)	
City (E)	[Causate (C)		o	Square Feet	ger de la company	oors	Bldg	g. Age	Э		
City (5)	623000.00000	County	Code (7)	5000	The second secon	1			40+		
Old Bridge	Middlesex			Current Use	(Prior if being	demolished)					
				School		8.5					
Name of Monitoring Firm Hired b	y Building Owner	(8)	ASCM N	o. Name of Aba	atement Contra	actor (9)			100		-
Environmental Connection		•			vironmental,						
Street Address				Street Addre		mc.		-			
120 North Warren Street				1123 Beav							
City, State & Zip Code											
Trenton, NJ 08010				City, State &							
Project Manager for Monitoring F	irm ITa	lanhana	Nicostra	Bristol, PA							
Jim Frisbee			Number	Telephone N			se Num	nber			
	THE RESERVE OF THE PERSON NAMED IN	9-392-		(215)788-6		0050	9			170	
Scheduled Start Date (10) 8/11/14	Scheduled Comple 8/	etion Da 14/14	te (11)	Name of OS Bristol Env	HA Monitor /ironmental l	nc.					100
Occupancy Status During Abater	nent (Check only	one)		Street Addre							
Facility Closed/Vacated [atement	1123 Beave							
Abatement Performed Ou	utside of Normal F	lours -	7am to 3pm	City, State &							
Describe: 7:00 AM -			· um to opin	Bristol, PA							
Facility Occupied During				Distoi, FA	19001						
Scope of Work (Check all that ap								_			
Coope of From Conson an inat ap	P-37				M Full Co	ntainment wi	ith Nea	ativo	Droc	CULO	
≥3 sf or ≥3 lf		1 Ren	ovation			closure	ui ivega	alive	F163	Suie	i i
☐ ≥160 sf ≥260 lf			nolition								
	L.] Dei	HOILION			Bag Procedu			/22		
Lagation of		- 1 1				empted and	Non-Fr				
Location of Asbestos-Containing		s Locati		Description		Amour	300000	Aba	teme	nt T	ype
Material (ACM)		ormally t		Asbestos-Con		(Speci				200209	
TO BE ABATED		Solely to		Material (A		SF or L	F)	20		Encapsulate	ш
in Facility		stodial S		(i.e., thermal s				Remova	Repair	cap	Enclsoure
(13)	Cu	(12)	otali r	insulation, surface or other miscell				5	oai.	US	90
(10)	Yes		N/A	or other miscen	alleous)			<u>a</u>		ate	6
D 11 D								_	_		
Boiler Room				Boiler Rib Pa	acking	10 SF	:				
								T	\Box		T
								Ħ	Ħ	Ħ	Ħ
		IT	Ti			-	-	井	H	님	1
	——————————————————————————————————————		H					+	井	H	-
Name of Registered Waste Haule	ır	L	DED Mark	Cubic Yards	Nome of D	intered!	CII	Ш			
Name of Registered Waste Haute	I.	30000000			Name of Reg	istered Land	till				
Service Transport Inc			uler ID No. 990		80:	16:11				27	- 3
Service Transport Inc.		20		2 Cu Yd	Minerva La	natili					
City, State				Disposal Date	City, State						
New Castle, DE		<u></u>		8/14/14	Waynesbur	g, Ohio					
Completed By (Print or Type)	Fil	Title	е	Signature		,	D	ate	-		-
Gino Pizzigoni		Pro	oject		ρ · ·	. / `0		123/	14		
			nager	Lino	Pizzigon	0/1		. = VI	. 7		
				1	1111 1	1 //	4				- 1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification	(1)		N	ame	of Build	ding C	wner / Operator	(2)	2014	AUG	18	AM	7.	6.	
	8/10/2014		D	engl	lar De	molit	ion								
Agencies Notified	Type Notifica	ation	11.0		Addres				Š.	≗ Li	2	3,0	T .	_	
					ighwa					011	05.	<u>ب (.</u>	111	UL	
☐ DEP					tate &					~ L1	UL.	-118	G		
□ DOL	☐ Ame				entow						T= .				
□ DOH □ DCA		gency	100		of Con						Tele	phon	e Nu	imbe	÷r
☐ DCA	☐ Cano	ellation	P	aul l	Dengl	er									
				FAC	CILITY	INFO	ORMATION		W W W.						
Name of Facility W	here Abatem	ent is Taking P	ace (3)				Type of Facilit	y (4)						50,100	
Firehouse		one to railing the		,	*		School (K								
Street Address							Subchapt	er 8 (Other th	an K-12)						1
2nd and Honber	ger						Other (i.e	. private & cor	mmercial	buildi	ngs, h	nome	s, et	c.)	
	9						Square Feet	# of Flo	ors		Bldg.	Age			
City (5)		County (6)	Cou	unty C	Code (7)	2000		1				50		
Roebling		Burlington				,	Current Use (F	Prior if being o	demolish	ed)					
Roeping		Durington						•		0.000 \$0.					
Name of Monitoring	Firm Hired h	v Building Own	ner (8)		ASCI	VI No.	Name of Abat	ement Contra	ctor (9)						
Name of Monitoring	g r ii ii i iii eu i	by building Own	101 (0)		1,1001	W 140.	Alpha Envir								
Street Address						-	Street Addres							100	
Otreet Address							2129 Route								
City, State & Zip Co	ode						City, State & Z	Zip Code							
Oity, Otato a 2.p o							Hamilton, N								
Project Manager fo	roject Manager for Monitoring Firm					er	Telephone Nu	ımber	Li	cense	Numl	ber			
,					609-847-295	6			0	122	2				
Scheduled Start Da	ate (10)	Scheduled Cor	npletio	n Dat	te (11)		Name of OSH	A Monitor							
8/20/20		8/31/2014					EMSL Analy	/tical							
Occupancy Status	During Abate	ment (Check o	nly one	2)			Street Addres	s							
Facility Clo	sed/Vacated	During Entire F	Period (of Aba	atemer	ıt	107 Haddon	Ave.							
	Performed C	utside of Norm	al Hou	urs -	7am to	3pm	City, State & 2	Zip Code							
Describe:							Westmont,	NJ 08108							
☐ Facility Oc	cupied During	Abatement						2							
Scope of Work (Ch	neck all that a	pply)						_					_		
									ntainme	nt with	Nega	ative	Pres	sure	1
≥3 sf or ≥3	lf			300000	novatio				nclosure	0 000 00 4 00 00 00 00					
≥160 sf ≥2	60 If		\bowtie	Der	nolition	l			Bag Prod						
10000000								Non-Ex	xempted	and N	on-Fr	iable	Pro	cedu	re
i	ocation of		Is	Locat	ion		Description	n of	Aı		1	Aba	teme	ent T	ype
Asbes	stos-Containii	ng			Used		Asbestos-Con			pecify			0-315		
	iterial (ACM)		CONT. 25.7	olely			Material (AC		SF	or LF)	고	-71	Encapsulate	Enclsoure
	BE ABATED		A 55.50 Sept. (1980)		staff?		(i.e., thermal sy insulation, surfact					Remova	Repair	aps	clso
	in Facility (13)		Custo	(12)	Stall!		or other miscella					val	쁰.	ula) Le
	(13)		Yes	No	N/A		Or Other Impoun	/				2000		e	
Forterior							Roof (silver	Coat	2600sf			\boxtimes	П	П	П
Exterior							Wall plas		600sf				_		
Storage							Mastic under		700sf						
Storage							12" VA		120sf		1			8	
kirchen	d Masta Usi	ılor		N	JDEP V	Vaste		Name of Re		Landfi	11	-			1
Name of Registere	eu vvaste Hat	iiei		100000	auler ID		of Waste	Traine of Ne	3.0.0.00		-				
ALPHA ENVIRO	NMENTAL			100.00	003333		4	Grows Lar	ndfill						
City, State	MAILINIAL						Disposal Date	City, State							
Oily, State					Dioposai Dato	3.17, 5.2.13									
Trenton, NJ					various	Morrisville	, PA								
Completed By (Pri	nt or Type)			Ti	tle	- 1	Signature					ate	000 2	200000	
Rod Richardson				P	roject		Rad Richardson				8	3/10	/20	14	

RECEIVED

2tate of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:86 and 12:129)

2014 AUG 18 AM 7: 24

Agencies Notified EPA DEF DOL	Тур	Notfication			amapa	Himan	THIS ITE	y Du	ASSIG OI	Education	Sec. 7	-411	v. r. l	- 1	100	
	X	Inital		1		rpo Ave						& LICE		NG	1	
X DOL		Amended Amendment =				, Zip Code 1, NJ 07-							<u>.</u>			
DOH DOA		Emergency (ir justification) Cancellation	conding	N: F	rank C	contact eurvels,	, BA, BS	5			Tele	phone Numb	er			
					FACIL	TY INFOF	RMATION		T!	Facility (4)			-	_		-
Name of Facility Where / Ramapo High Scho Street Andress	ol 2	ment is Taking 00 Wing Pha	Place (3) ase II						× 30	hoo! (K-12) (Othe	r than K+12)				
331 George Street									L etc	.)		commercia		ngs, r		i
City (5) Franklin Lakes									Square			Floors		·	-	
County (6) Passaic					OUNTY C	ode (7) SE ONLY)				Cuse (Prior School	if beli	ng demolishe	ea)			
Name of Monitoring Firm	Hire	d by Building C	wher (8)		ASCM	No.				ment Cont Window		(9) or System	s Inc			
Not Applicable NO	N S	U5 8					1		Address							-
SPEEL AUG ESS										g Street						_
City, State, Zip Code									tate, Zip staway	, NJ 088	54					
Project Manager for Mor	roject Manager for Monitoring Firm					e No.		732-9	one No. 926-09	00		O1237				
Start Date (10) 05/18/2014	Schedule: 08/22/2		oletion (Date (11)				A Monitor Consulti	ng Ll	.c						
Occupancy Status Durin	ng Ab	stement (Chec	t Only One)					Address Jain St							
Facility Closed/Vac Abatement Perform Other - Describe:	ned (During Entire F Duraise of Norm	Period of Al rail Facility	oscem Hours	ent	X		Olty, S	tate, Zip		035					
Ocope of Work (Check)	Al: Tr	as: Apply1						_	-			0-20 50 50		31		
□ 5150 50 5250 f □ 2150 50 5250 f				enova:					Min	Enclosure	edure	n Negative P nd Non-Friad			•	
	-		ls	Locati	an									Abate		ß
Locate Asbestos-Containin TO BE Ai in Fac	o Ma BATE SILY		Use Mai	ormali d Sole ntenar odlari S (12)	y by nce/		Desc tos Conta thermai : surfaci other m	rystem Ing, VA	Material is thoula AT, or		(Amount Specify F or LF)	Removal	Rapar	Encapsulate	Enclosure
			Yes	No	N/A		0	-ini-	a Card	k/Glaze		BOOLF	x		-	-
200 Wing W					X	Asbest	os Com	dus	g Cau	N/Gsaze		,00Li	-		-	H
Rooms 217B.	217	,215,213	+		-											
			\top													
Name of Registered W					JDEF V		of Was			Name of T.R.R.f	100 - 11E 100	tered Landfil				
Waste Managment	t of I	Pennsylvania	3					-15-		City, Stat			+			
City, State Tullytown, PA					9		Dispos	1	1	Tullyto						
Completed by Mark M Jovic			Title	sultar	ıt		8	ignatio	re /	Mys	1	100	ate 8/12/	2014	l	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED 21

D - 11 - 11 - 12 - 13	A	. I A	lame of E	Building Owner/O	perator /2	1 : 1	1	1		-	
14 AUG 18 AM 7: 8-15-1	4.	I	.^	January Owner/O	porutor (2	"Charle	s PROO	d			
Agencies Notified Type Notification		S	Street Add	dress 30	De	elevan	Stree	+		-	
EPACE INITIAL Amended			City, State	e, Zip Code		1 .11	AIT	10	<u></u>	-	
DOL Amendment #		-	lame of (La La	mb	ectuille	Telephone Numb	J C	<u> </u>	U	
DOH justification) DCA Cancellation	(0)	'	Ch	unles P	12000	$ \mathcal{J} $. Jopinone reality				
Name of Facility Where Abatement is Taking	Place (2)			ITY INFORMATIO	ON	Type of Facility (4	·)			:	10110
Name of Facility villete Abatement's Taking	(3)	Dis	Je/1	ins		☐ School (K-12	2)				
Street Address	1 3	$\langle i \rangle$	0.~			Other (i.e. p	8 (Other than K-12) rivate & commercial	build	ings, l	nome	s,
City (5) Jolean	50	1	Keet			etc.) Square Feet	# of Floors		dg. Ag	200	
Lambertville	_ /	JJ	-0	8530			2			01	_
County (6)			County C STATE U	ode (7) SE ONLY)	[Current Use (Pric	or if being demolishe	ed)			
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCM	No.	Name o	of Abatement Con	A ' .	9	7	7	
EPC Technolo Street Address	3163	_		MA	Street A	IC ICE	hoologi	162) -	In	6
Ro. Box 33	37				P	O. Box	337				
City, State, Zip Code	NJ		08	533	City St	ate, Zip Code	ZUN ta	0	35	3	3
Project Manager for Movid ril gr Firm			Telephon			one No.	License No	9	0	u	
Start Date (10)	Schedule		pletion D	758-3365 Date (11)		758 - 336 of OSHA Monitor	s OC		17	1	
8-25-14	8	-5	5-	14	E	EPC Tec	hnologies	I	nc		
Occupancy Status During Abatement (Check				,		Address 30. Box	337				
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal	eriod of # al Facility	Hours	ent		City, St	tate, Zip Code	<u></u>				
☐ Other – Describe:					Ne	w Egypt	NJC	185	53	3	
Scope of Work (Check All That Apply)	п г	enova	tion			Full Containme	ent with Negative Pr	essu	re		
23 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Mini-Enclosure	9			e	
	Ι .	Locati	ion			NOT-Exemple	u () and Nort-FRADI	-10	Abate	ement	
Location of	1	Normal	ly		scription			-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intenai todial S	nce/	Asbestos Con (i.e. therma	l systems	s insulation,	(Specify	Rei	R	Enca	Enc
In Facility (13)	, cus	(12)	nan!		icing, VA miscellan		SF or LF)	Removal	Repair	Encapsulate	Enclosure
N=1	Yes	No	N/A							6	Ф
Basement	هر			Pipe :	Ensi	elation	100 LF.	X			
									-		
			-						-	-	-
Name of Registered Waste Hauler	1	IN	JUDEP W	Vaste Cubic	Yards	Name of	Registered Landfill,	1		1	<u></u>
EPC Technologies	S		lauler ID	No. of Wa	aste 5	2 Was	te Manager		40	E f	45
City, State		 :	1,0	Dispo	sal Date	City, Sta	te	A			
Completed by	NJ Title	<u> </u>			Signature	-	Da	te	7.0-	_ 1	
Steve Schen Kee	PR	sid	knt		Ste	up)Sch	oh !	8	15) - l	7
	7).				- Interest Co						

A. Mac Asbestos

			Ch	(852	9		NJ Dep	APPROV L of Health & S	(E/D)		7
2014 AUG 18 AM 7:	berder (TO)	200-8370	TRACES OF	Men Jeney Sees Too A	entre entre	347		1 1/CHERCHG		ينبد	=
4 Acc 20100.00 Th	tri .	Parsaa	ent to its	AG RED AUD	ICHICL)		Date: K	1419	ne;	114	PA
8/12/14		-		ELLEN.	KR	EPS					
Trespect Type Monte-steel		She	±#### 1-6		w And	A PD), •			•	
EPA G Initial DEP G Amendes		City.	5 m. 2	in Code			7452			-	
DOL.	etioding		6 LEN	dect	,		Tel	piteres Rimines	- ت		
DOM (Carecilofism		1	FLLO	KREY					10.0		1,1
TO OFF SCRIPTION AND ADDRESS TO THE	FEG (3)		- Personal Property of the Personal Property o	-	To the same	Tipon Fac	ar are				20
RESIDENTIAL		***************************************				or Sabeling	deck (Citie e. priorie 8	r (han 16-12) Leconomical by	Saling	s, busi	es,
AGUAWAUOT PS	RD.	-				Square Fee	1#	Figures	Big	-50	
Guen Rock.	-					1,250)	og demoished)	E T. c. 1984	,)	
mly(6) ·		Con	May Con	SCHETAN		or Alesterness	ESIDE	NCE	مجنني	-	
Bersey Four Field by Britishing C	James (8)	T	ASCER	Wo.	AU	RE Contraction	g line				
per Addres					Since 105	indices Lucei Road					
*				-	1	State. Din 13nd	še			1	
r, State, Zip Cuda	<u> </u>) Gle	THE MINE	4344	License No.	5.5-		
ged Manager for Manhandy Fran		i	edepão		7 70	1283-5841		00355			
at Date (10) 8/13/14	Scheduled	FIST.	elinis Ca	ip (11)	A Manua 4 Che	a of CSSA Man	mental Sen				Darwin - 3
- miler .					3 -0000	Address Hoper Sheet	1			·	
		-रिन्यसम्भी	Œ.		THE PERSON NAMED IN	Star Zp Ci	WIFE.	***************************************			
Shahanak Performed Christine of White	Permi of Air materials to	DUIC'T			History and the second		Colombo		_	_	1000
Makeuni Periored Christia of Ren Cher - Describe	Period of Air	7(U)			Har	-	-	de Royanista Pis	eane		
Abstract Course Consider of the Course Cours	The Foreign Party of the Party	BENEFINE	Ω.		Har	12 Fell Cont	ioinustra iosor	di Response Pie			
And the Period Constitution of the Constitutio	ALL DEPOSITE OF THE	BENEFINE	Ω.		Har	12 Fell Cont	ioinustra iosor		From		D.
	Fe D	CONTRACTOR OF THE PROPERTY OF			Her	IA POR COM II HAM EM II CENTERA IN NAM-EMP	inimus of us insure of Procedial empled (*) of	e ni Non Fridhe Amount	Proces	Abula Typ	. G
And the Period Consider of the Constitution of	The state of the s		a l	Asheshus Gerifher	Pestignian and a second	Id Foll Continued in State of the Continued	franceptus desare of Franceptus empled (*) st	e nd Mong Frünkle	Proces	Abula Typ	. G
And the Control Control of the Contr	The state of the s		a l	Asheshus Gerifher	Pestignian and a second	IA FOR COM IN MINISTER II Clavella IN NAME FOR	franceptus desare of Franceptus empled (*) st	e ni Non Fridhe Amount	From	Abula Typ	ensimilaria o a
And the Control Control of the Contr	The state of the s		The NA	Achestos (Se Ales	Pesta	Total Control of Manager of Control of Manager of Manag	franceptus desare of Franceptus empled (*) st	e distriction frame	Proces	Abula Typ	. G
And the February Consider of the Constitution	The state of the s		an in the state of	A Section (Section)	Personal Per	Folk Continued in Character in	franceptus desare of Franceptus empled (*) st	330 SE /00 SE	Proces	Abula Typ	. G
And the Fernand Christian of the Control of the Con	The state of the s		The NA	P	Pesta	For Control of State	issure of Receding married (*) s	330 SE 100 SE 330 SE	Factoral /	Abula Typ	. G
And the Period Constitution of the Constitutio	The state of the s		N/A	A P	Destar Luste	For Com From English Num English Victoria From Off Grand Street A	icomes in the control of the control	330 SF 100 SF 330 SF	Parisher	TOP	. G
And Constitution of Action	The state of the s		The NA	P P	Luste (AT	For Com From Eng From En	insure of Receding model (*) s	330 SE 100 SE 330 SE	Parisher	TOP	. G
And what Ferrand Christin are with the property of the propert	The state of the s		N/A	P P	Description of the second of t	For Com I Charles Non-Exe Vinn-Exe The Com I Charles A Com I Charles A Com I Charles I Ch	icomes in the control of the control	330 SE 100 SE 330 SE	Parpoyal	TOP	. G
And the Person of Charles of State of S	Tes I		N/A	P P	Description of the second of t	For Continue of the Manne of th	insure of Receiving marked (M. s	330 SF 100 SF 330 SF	Panoval V	TOP	C HINDEN COMMENT OF THE PROPERTY OF THE PROPER

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

cleck!	· 13	315	9.		
2014	AUG	18	Pto	7.	_
ħ		. 0	ra I	. /:	E

124											1.10	21-	1		11	
Date of Notification (1) 8/14/14			No	ortheas)wner/Op	perator	(2)		20	D. YE	18	P	P.0 -	7. ~	
Agencies Notified	Type Notification		1000000	eet Add 33 Lo	ress ng Mea	adow F	Road			A			h	17 .	۲.	3
EPA DEP DOL	Initial Amended Amendment	#			, Zip Cod nside, I		092				& LI	ĈĒ.		NG	'nί	
Ď DOH DCA	Emergency justification) Cancellation		5000	me of C	ontact)				Tel	ephone N	lumber				5
Прох	Caricellation		- 1		TY INFO		ON									-
Name of Facility Where Street Address 1533 Long Meador		g Place (3)							of Facility (4 school (K-12 subchapter other (i.e. protect)	2) 8 (Oth			uildi	ngs,	home	ıs,
City (5) Mountainside	= 2		-	*******				Square 2600	e Feet	# o 2	f Floors		BI6	dg. A	ge	
County (6) Union				unty Co	de (7) E ONLY)			Currer	nt Use (Prio	r if be	ing demol	lished)	Š		Yes	
Name of Monitoring Fire	m Hired by Building	Owner (8)	1	ASCM N	No.				ement Con onmental			LC				,
Street Address								Addres Box 48	s 3, 4 E Ga	ate D	rive			;		
City, State, Zip Code		to our end of leaves						State, Zij	p Code NJ 074	18						
Project Manager for Mo	oject Manager for Monitoring Firm							hone No 583-8			License	e No.			===	
Start Date (10) 8/25/14	-	Scheduled 9/12/14	Compl	etion Da	ate (11)		Name	of OSH	IA Monitor			00	0.5		k)	
Other – Describe: Scope of Work (Check	cated During Entire med Outside of Norr exterior work	Period of Aboral Facility H	atemer ours	Alles				Addres		4	L Na - si	us Droot				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novatio molitior					Min Glo	i-Enclosure vebag Prod n-Exempted	e cedure					е	
		Isla	ocation												emen	t
Locati Asbestos-Containir <u>TO BE A</u> In Fac (13	ng Material (ACM) BATED cility	No Used Maint Custoo	rmally Solely tenance dial Sta (12)	by e/		tos Cont thermal surfa		Material ns insula AT, or		(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
exte	rior			х		duct	insula	ation			35 SF	х				
311																
**************************************																-
1 2			1 31 15	2ED 141	- to	T C : -	Varda		Name of	Degic	ered Lan	dfill				
Name of Registered W Freehold Cartage	aste Hauler		100000000000000000000000000000000000000	DEP Wa uler ID N 959		of Wa	Yards ste		TBD	Regisi	ieleu Lali	uiii				-
City, State Freehold NJ				A-100-1500			sal Date	е	City, Stat	e						
Completed by A. Scott Higgins		Title Owner	/Pres	ident		5	Signatui	re //	<u></u>			Date 8/14	/14			
10.10								N		_			-			

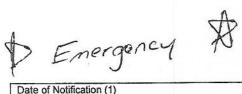
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	= 9					8:60 and 12:1		REGE	٠. ا	1			
Date of Notification (1)			N	lame o	of Building	g Owner/Operator	(2)	t observation	10		<u> </u>		٦
8-12-14			٤	=-X	10 11	lobil Env.	Worlden	19 14 BAC 148 C	44	1:	OF		4
Agency Notified	Type Notification	445,000,000	S	Street A	Address	_	troot	12			0.0		
Ø EPA	Initial		-		ate, Zip (CHAM C	11111	À		11	,	-	\dashv
DEP DOL	Amended Amendment #		1 1	1101	11	, MA 00	149	G LIGE.	Julio	1			1
ſ	☐ Emergency (inclu	ding	1	1101	of Contac			Telephone Number				72.55	\dashv
□ DOH □ DCA	justification) Cancellation		1.	M;		Geci							
					1	ORMATION							7
Name of Facility Where				10 /	^. /	21. 1	Type of Facility	(4)			001-001-00	or .—	
FORMER BAL Street Address	noane Lubi	1 Cat 1	0	M	9.1	1407	☐ School (K-12						1
Street Address	1				U		Subchapter (i.e. pr	8 (Other than K-12) ivate & commercial bu	ildinas.				1
1 Huenne	7						homes, etc.)			- 77		
City (5)	3						Square Feet	# of Floors E	Bldg. Ag	e			
Bayonne,							2,250	1					4
County (6)				County ONLY)) (STATE USE		rior if being demolishe	d)				
Hud Son				VX.001111011.03		N		E TANK					4
Name of Monitoring Firm	1		SCMI	NO.		/	nent Contractor (111	1			
Street Address	rtin Irchnola	3K31				Street Address	Unitaca II	in dervices	, un	/		_	\dashv
123 N. Tea R	A POBOX3	515				6787 S	todium.	Drive					
City, State, Zip Code	1 110 110		11000			City, State, Zip	Code	0.29					
South Hamo	1 1	M				KALAMAN	00 m/.4						_
Project Manager for Mor			ephone		217	Telephone No.	nen-	License No.	26				
Peter Ellan	Scheduled				217	269-375- Name of OSHA		0120	0			_	\dashv
Start Date (10) 9-2-14		26 - /		= (11)		AMAUNTICO	. / / .	+ Corkalt	22 50	Tr	ni	1	
Occupancy Status Durin			7			Street Address	17 511 61	1 Composition	1		10	-	
	processor for superscharge water ass					14625 De	oster K	£.					
☐ Facility Closed/Vacate ☐ Abatement Performed						City, State, Zip	Code		<u> </u>				
☐ Other – Describe:						Plainw.	ed, milt	+16AN 491	80				
Scope of Work (Check a	ill that apply)					⅓ Full	Containment with	Negative Pressure					
□≥3 sf or ≥ 3 lf				_ /	ovation nolition		-Enclosure	170					
🖳 2 160 sf or ≥ 260 lf				a Den	IOIIdON		vebag Procedure -Exempted (*) an	d Non-Friable Proced					
		ls L	ocatio	on							tem Type		
Locati	on of	3.00	Soleh	1,255		Description	of			T		T	7
Asbestos-Containir	ng Material (ACM)	Main	tenan	ce/		stos Containing M	laterial (ACM)	Amount	7	, .	- E	וַן	ŋ
TO BE A			istodia Staff?	al	(i.e	., thermal systems surfacing, VA		(Specify SF or LF)	Kemova	1 Appair	aps	Licioadia	200
(13			(12)			other miscellan	ieous)		\varepsilon \varep		Encapsulate		TITA
		Yes	No	N/A							0		
TANK # 99		X			TAN	K Coatin	XI	2,25051	FX				
17:181						_	7					1	
										100	\perp	1	
						_							
Name of Registered Wa	. 1 . /	IDA		aste F	lauler	Cubic Yards of Waste	10.000 m	stered Landfill	, (,		
HAZMAT Envi	ronment Al	OP	14	5		30	1419h	Acres Lan	dt_1	11			3
City, State		1				Disposal Date	City_State	1 nun/					
Buttalo N	4			1		9/30/14	Fair po	111,100	ato.				- 5-
Completed by	O Title Direction	BAL	1/0/1	tra	N.t	Signature	8/7	10e	8-12)_	14	1	
regory me			s form	for as	bestos li	censure exempte	d'activities.	100	0 17	,	1		

Aug 13 14 02:32p Resource Management

8589144851

2014 AUG 18 AM 7: 300	OTIFICATIO (Pursuant	n of as	ew Jersey BESTOS AB C. 8:60 and	ATEMEN 12:120)	DOL.	- 10	DA	γ		
Date of Nessication (1)			Owner / Operato	.	_ Lua	(a)				
	Ken	nedy Unive	Waity Hospital	r (2)	+1/11/1	SIT	1:4	7		
Agencies Notified Type Notification	Strag	Mt Address	-		1 00 116	7//		=		
I 	Cilv	State & Zip	III Cempus		WAIVEDA	ממם	a			
DOL Initial (2 rd)	Che	rry HIII, NJ	-000							
DCA Cancellation	Nam	e of Contact			15	- Clarele	nna l	Januar		
LI DCA Cancellation	Ma,	Sharon Pe	ters		2.7					
Name of Facility Where Abatement is Taki	FA	CILITY IN	ORMATION			+	_			
Kennedy University Hospital	ng Place (3)		Type of Facili	(ty (4)		1		_		
Street Address			School (K-12) Subchapter B (Other than K-12)							
2201 Chapel Hill Campus			Other (L.	e. Drivata & c	nan (~12) Mmarcial building	: 54 fran		٠ - ١		
City (5)			Square Feet	# DSF		idg. Ac		9(C.)		
and the		Code (7)	250,000		2	غربه ، اللوف	52			
Charry Hill, NJ 08002 Camder	7		Current Use (Prior If being	demolished)	4 56				
Name of Monitoring Firm Hirad by Building	O /6V	(LOCALIA)	Hospital							
Criterion Laboratories, Inc.	CAMPBI (6)	ASCM No		tement Contri	actor (8)		-			
Street Address			Street Address	enagemen	Group, LLC	<u> </u>				
3370 Progress Drive, Suite J			2115 Hamili		202					
City, State & Zip Code			City, State & Zip Code							
Bensalem, Pa. 19020 Project Manager for Manitoring Firm			Trenton, NJ	08619						
Mr. Mike Panepresso	Telephone			Telephone Number License Number						
	215-244	-1300	609-977-815			0118	35			
DB-14-2014	Completion Da		Name of OSH	A Monitor		-			officers from	
Occupancy Status During Abatement (Chec	לבכה עומה מכם	-	Street Address	nmental La	poretories Inc		-			
racility Closed/Vacated During Ent	re Period of Ah	atement	2333 Route							
Abatement Performed Outside of N Describe: 8:30pm-12:39em	ormai Hours:		City, State & 2	Zip Code				~~~		
Facility Occupied During Abatemen	•		Union, NJ 0	7083						
Scope of Work (Check all that apply)							-	-		
23 sf or 23 lf 2180 ef 2260 lf	Carrie Contract	notition		Mini-Er Glove	entainment with No releasure Bag Procedures compted and Non-					
Location of Asbestos-Containing	Normally t	ion	Description	of	Amount				ne au	
Material (ACM)	Solaly !	של	Material (AC	As bestos-Contairing Material (ACM) (i.e., thermal systems Materia, surfacing, VAT other miscellaneous)			1 1		Ī	
TO BE ABATED	Maintenan Custodial	ce or	(l.e., thermal av			3	3	Encapsulate	Enchowe	
(13)	(12)	3/01/14	or other miscella			Recented	Rispor	Desul	I OF	
	Yes No	NA				1 2	3.0	ale	ā	
3rd Floor			ACM Coating o	n beem	18 LF	X				
Srd Floor 3rd Floor	X		ACM Coating or	n beam	16 LF		7	+	1	
ary Figor			ACM Coating o	n beam	18 LF	X		T		
		-				D				
		H-			-	10		口		
Name of Registered Waste Hauter	NJI	DEP Waste	Cubic Yards	Name of Res	stered Landfill	اللا			Щ	
Resource Management Group, LLC	Ha	uler ID No.	of Wests	_	1-0-0-00000000000000000000000000000000				1	
Thy, State	1000			Grows Lan	dmi				1	
Frenton, NJ 08619				City, State	BA					
ompleted By (Print or Type)	Title		Signistrung	Morrisville,	FA	m				
Wr. Brian Haney		acident	Don	Xhx	00	08/1	3/20	14		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CR 4280

Date of Notification (1) 8/13/14					uilding Owne Brown Pri				,	inst	·		نما		
Agencies Notified	1755225	treet Add 05 N la	iress ancaster Av	ve			201	4 AUG I	18 A	4 7.	٠.				
EPA DEP DOL	Initial Amended Amendmen	ended City, State, Zip Code endment # Margate NJ 08402						2014 AUG 18 AM 7:51							
DOH DCA	Emergency justification Cancellation)		ame of C Randy	Contact		Telephone Number Inc.								
				FACILI	TY INFORM	ATION		- *** (4)							
Name of Facility Where A Barbara Brown Prive		ng Place (3)					☐ Sc	Facility (4) hool (K-12) bchapter 8)	er than K-1	(2)				
Street Address 205 N lancaster Ave	•						Ot etc	her (i.e. pri c.)	ivate 8	commerc	cial buildi			s,	
City (5) Margate NJ 08402		Square Feet # of Floors 1000+ 2						177	Bldg. Age 35+						
County (6) Atlantic	47		C	County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY)											
Name of Monitoring Firm	Hired by Building	Owner (8)	1	ASCM No. Name of Abatement Cont Pernaco Inc.					ractor	(9)	•				
Street Address						1 (2 12 12	Street Address PO Box 329								
City, State, Zip Code							State, Zip	Code NJ 0809	91						
Project Manager for Monitoring Firm				Telephone No. Telep			ephone No. License No. 6-753-9800 00727								
Start Date (10) Scheduled 8/14/14 8/15/14				pletion D	Date (11)	Name	me of OSHA Monitor								
8/14/14		Street Address													
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	e Period of A	batem	ent			State, Zip								
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				Mini	Containme i-Enclosure vebag Prod i-Exempted	e cedure				e		
		is	Locati	on			110					Abat	ement	t	
Locatio	n of	1	Normal	ormally Description				ion of				Туре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes				nce/	(i.e. the	Containing ermal syster surfacing, V	ning Material (ACM) An stems insulation, (Sp		Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
Kitchen	area	100	No	X	1	Pipe Insu	lation			24LF	x				
2nd floor bedroom					pipe Insu						x				
				-							-	\vdash			
Name of Desistant 197	nato Hautor			UDEDIA	Vaste (Cubic Yards		Name of	Regis	tered Land	dfill				
Name of Registered Waste Hauler United Containers		H	NJDEP Waste Hauler ID No. 22459 Cubic Y of Wast			G.R.O.W.S.									
City, State Elm NJ						Disposal Da 3/15/14									
Completed by Anthony T Perna	mpleted by Title					eture Date 8/13/14			4						



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/14/14		Name of Building Owner/Operator (2) Township Of Pemberton														
Agencies Notified Type Notification				Street Address 500 Pemberton - Browns Mills Rd												
EPA DEP DOL	Initial Amended Amendment #		_ L'	City, State, Zip Code Pemberton NJ 08068					A. F. VICE INC.							
DOH DCA	justification) Cancellation	31 5	Name of Contact Phil Sager													
Name of Facility Address	AL - C	DI (0)		FACILITY INFORMATION Type of Facility (4)												
Name of Facility Where Fire Damage Home		Place (3)							3500							
Street Address					-		-	S	chool (K-12) ubchapter 8	(Othe						
316 Seminole Trail									ther (i.e. pri c.)	vate &	comme	ercial	buildi	ings,	home	s,
City (5) Pemberton NJ 080	68			Squ 100					Feet	# of Floors			Bldg. Age 35+			
County (6) Burlington	22 32			County C	ode (7) SE ONLY)		_	Current	t Use (Prior e	if beir	ng demo	olishe	1)			
Name of Monitoring Firm	Hired by Building O	wner (8)							e of Abatement Contractor (9)							
Street Address								Address 3ox 329								
City, State, Zip Code								tate, Zip	Code NJ 0809	1					-	
Project Manager for Monitoring Firm				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				phone No. License No. 6-753-9800 00727								
Start Date (10) Scheduled (8/27/14 9/1/14				Completion Date (11) Name					ne of OSHA Monitor							
	e)	Street Address							_							
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Ho				ement						Code						
Other – Describe:				-		-										
Scope of Work (Check /	All That Apply)						-	=							,	
				ovation nolition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		1	Lasati				2 Hon Exemples () and h			1 NOIF	Habie	Abatement				
Location	n of	N	lormal	cation mally Descriptio				on of				Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used S Maint Custod			intenar	Solely by enance/ ial Staff? 12) Asbestos Contair (i.e. thermal sy surfacin other mis				sining Material (ACM) systems insulation, ing, VAT, or iscellaneous)		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure
Exterior	Sidind		13.50	X		Exter	ior Si	dina		12	00 SF		x			
- LAIGHOI	Oldina .			-							-	-	_		-	
			-						-							
				-			*									-
Name of Registered Wa	aste Hauler	-L	111120	JDEP W		Cubic \			Name of F	Registe	ered Lar	ndfill		-		_
United Containers			10000	lauler ID 2459	No.	of Was		G.R.O.W.S								
City, State Elm NJ						Dispos 9/1/14		Oate City, State Morrisville PA 19067								
Completed by Title Anthony T Perna Preside				Signature Date 8/14							1					

VIA U.S. HAil

Cu# 1093

State of New Jersey NOTIFICATION: OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

3	- 10 FM 7: 54	NOT	Pursuant	to NJAC	8:60 and 12:1	20)		
2014 A	UG 18 AM 7: 54	1111			no Center Coerains.	(2) (116	
	Date of Notification (1)	3/14/14	Hi	Arkitess		A honey		: •
12	Military received	e Notification	538	20.	100 17 10 A	8 :	3 . 3	
	luary los	nitial amended	City	State, Zip	Code). 67691	-2698_	
	G DOF	Arnendment # Emercency (Including	Ma	me of Contr	act fi		spiniste Mamper	
		pusification) Cancellation	101	PH.	MAHONE	-	 -	
	LIDUA	•		ACILITY IN	FORMATION .	Type of Facility (4)	•	
	Name of Facility Where Abate	ment is Taking Place (3)			C School (K-12)	F-591	
						D Subchapter 8 (C 2) Other (Le. prival	e & commercial builds	ngs.
	Street Address CUMDE	RIAND &	W S	<u> </u>		homes, etc.) Square Feet #		Age
	Cay (5)	COU !	-			5000	if being demolished)	<u> </u>
3-	CORNERS (F)	<u>v</u> 1010.	. 00	conty Code	(7) (STATE USE	Current use (Fill)	SIDEUT	
	JUNU.)	I ASCM N		Name of Abate	nent Contractor (9)		•
2	Name of Mordoring Firm History (8)	ed by Building Owner		•	NOUAL Street Address	Edo 10		
	Street Address	:.			IPG. 13	0x 814	**.	
					City, State, Zoo	201066	N.D. 0885	3 -
	City, State, Zip Code		Telephone	No .	Telephone No.	1	COROG	
	Project Manager for Manifold				739 3	38x75001	0000	-
10	Start Date (10)	Scheduled Com	plution Data /4	(11)	I AUCUA I	ECO IN		-
	Occupancy States During A	11110011			Street Asidsess	0x 214		
	1 4	man Barrel At i		CE	City, State, Zit	Gode	2880.CM	7 .
		talde of Normal Facility	Hours	101000	GID E	PRI DOF		-
	_ Clothet - Describe: Scope of Worlt (Check all S	ed spoly)	•		feet a.c	e Containment with in Enclosure	Hegative Pressure	
	N-34M23#		Ę	Renovali Pemolitic	n /08	ovebag Procedure on-Exempted (*) and	Non-Frielde Procedu	Absternant
	D≥160 st or ≥ 260 F		le Localit	- T.			•	1900
		-	Normali Used Solat	w 1.	Description Street Contracting	AND PROPERTY (UPS)	Amount (Specify	78 77 FF FF
•	Ashesios Containing	Managara (Parama)	Maintenar		(Le., themal system	AT. or	SForLF)	Encapsulate Repair
	IN Facility	The state of the s	Staff? - (12)	. ·	Other miscal	aneous)		8
	(13)	-	Yes No	PEA	1389	HOOR III		
				7 10	MUNEW -	- LAUNAIS	130 S/E	
	TSFLOOKL		_	XIL	MICHEW !	1		
	- PT-TCO.C		\dashv			of Name of Regi	stered Landfill	
	Name of Registered Wash	Hauter	man plan	Vasta Hauk	Yesta (Vasta	60	0 WS-	
	NOVATECH	THE	185	501	Disposal Da	Por Stole		1
	City, State	=======================================	SA	857	09/26/	4 Tonory	ONE Y	11/ 14
	(210. 121/1)	GE MY			Signature	10 miles	2	3 14 114
	Completed by AME		SIDE	N\	tos licensure exem	pted activities.	50	1. [
	ASSEST	· Do not	USS MIS ION	In the Cases				